

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

UNITED STATES OF AMERICA)	
)	
)	
v.)	No. 6:95-cr-00284-CCE-1
)	MOTION FOR COMPASSIONATE RELEASE
)	
MATTHEW DAVIS,)	
Defendant)	

The defendant, Matthew Davis, by his counsel, moves this Court pursuant to 18 U.S.C. § 3582(c)(1)(A)(i), as amended by the First Step Act, Pub. L. 115-391 § 603(b), 132 Stat. 5194, 5239 (eff. Dec. 21, 2018) for a reduction of the sentence imposed on November 25, 1997 and subsequently modified most recently on March 10, 2016, for extraordinary and compelling reasons, including his advanced age and deteriorating health. In support of this motion, Mr. Davis states the following:

1. Mr. Davis has been incarcerated for twenty-four (24) years for non-violent drug offenses. He is a model prisoner with a virtually spotless disciplinary record who, at almost age 70, is now suffering the ravages of age and decades of incarceration. Despite the support of the Warden of FCI Butner, Donna M. Smith, in each of Mr. Davis's requests for compassionate release to date, the Bureau of Prisons ("BOP") continues to deny his request for compassionate release, relying on several inappropriate factors. The amendments to §3582(c) by the First Step Act remedy this barrier to relief and allow the Court to consider whether further incarceration under these circumstances is warranted.
2. On January 22, 1996, Mr. Davis pled guilty to: 1) possession with intent to distribute heroin; 2) possession with intent to distribute cocaine base (crack) within 1000 feet of a

public school; and 3) carrying a firearm during a drug trafficking crime. Plea Agreement, Jan. 22, 1996, ECF No. 70. At the time he pled guilty, Mr. Davis, a veteran who served honorably and was discharged from service for medical retirement, was struggling with an addiction to heroin precipitated in part by an addiction to opioids stemming from a pain medication that he had been prescribed for an injury sustained at work.

3. On November 25, 1997, Mr. Davis was sentenced to two 420-month terms to be served concurrently as well as a mandatory consecutive term of five years for the firearm charge, for a total of 480 months. J., Nov. 25, 1997, ECF No. 130.
4. On November 26, 2012, Mr. Davis, through his attorney, filed a motion for reduction in sentence pursuant to 18 U.S.C. § 3582(c)(2), specifically, the retroactive “crack amendment,” because the relevant sentencing range had been lowered by the United States Sentencing Commission. Def.’s Mot. to Vacate, Sept. 28, 1999, ECF No. 225. On January 27, 2014, Judge James A. Beaty for the United States District Court, Middle District of North Carolina granted Mr. Davis’s motion and ordered the previously imposed sentence of imprisonment to be reduced to 360 months on Counts 1 and 4, to run concurrently, with the additional 60-month consecutive sentence for Count 5, for a new total of 420 months. Order, Jan. 27, 2014, ECF No. 237.
5. On November 24, 2014, Mr. Davis filed another motion for reduction in sentence pursuant to 18 U.S.C. § 3582(c)(2), again based on the retroactive crack amendment. Def.’s Mot. to Reduce Sentence, Nov. 24, 2014, ECF No. 258. On March 10, 2016, this Court granted Mr. Davis’s motion and reduced the previous sentence to 288 months on Counts 1 and 4 to run concurrently, with the additional 60-month consecutive sentence for Count 5, for a new total of 348 months. Order, Mar. 10, 2016, ECF No. 261.

6. Mr. Davis has been in continuous custody since his arrest on December 1, 1995. He is presently incarcerated at Federal Correctional Institution Butner Low (“FCI Butner”), a low security federal prison that is part of the Federal Correctional Complex, Butner, located in Butner, North Carolina. As of the date of this filing, he will have served 24 years for his non-violent drug offenses.
7. Mr. Davis has formally requested compassionate release from the BOP three times, and he has been denied compassionate release on each occasion despite the warden’s continuous support for release. Most recently, on August 21, 2018, Mr. Davis’s request for compassionate release was denied despite the fact that the warden had recommended that he be considered for a reduction in sentence based on his age. *See* Ex. A, 2017 Smith Memo. **The letter denying the motion expressly noted that Mr. Davis “meets the eligibility criteria of Section 4(c).”**¹ *See* Ex. B, 2018 Denial. (emphasis added). The reasons given for denial were: 1) that release would minimize the severity of his offense; 2) that he has a lengthy criminal history; and 3) that he has already received two reductions in sentence, as described above. The first two reasons are not appropriate for consideration by the BOP, but in any event, as discussed more fully below, consideration of those factors by the Court will support compassionate release in Mr. Davis’s case. The

¹ “Section 4(c)” refers to 18 U.S.C. § 4205(g), Section 4, the predecessor to 18 U.S.C. § 3582(c)(1)(A), which now governs procedures for compassionate release. 28 CFR § 572.40. The relevant criteria that Mr. Davis must meet in order to be granted compassionate release are: 1) a reduction in sentence is warranted by “extraordinary and compelling reasons;” 2) such reduction “is consistent with applicable policy statements issued by the Sentencing Commission;” and 3) consideration of the factors established in section 3553(a), to the extent they are applicable, weigh in favor of such a reduction. 18 U.S.C. § 3582(c)(1)(A)(i). There are several categories of “extraordinary and compelling reasons” contemplated by the statute. Mr. Davis qualifies for compassionate release under the elderly prisoner category, because he meets the following criteria: “[t]he defendant (i) is at least 65 years old; (ii) is experiencing a serious deterioration in physical or mental health because of the aging process; and (iii) has served at least 10 years or 75 percent of his or her term of imprisonment, whichever is less.” U.S.S.G. § 1B1.13, note 1(B).

third reason is not contemplated by the statute and has nothing to do with the issues before the Court. *See* 18 U.S.C. § 3582(c).

8. Ultimately, the BOP's prior denials of Mr. Davis's motions for compassionate release need not constrain this Court, as the First Step Act "was enacted to further increase the use of compassionate release" and "explicitly allows courts to grant such motions even when BOP finds they are not appropriate." *Beck*, No. 1:13-CR-186-6, at *12 (M.D.N.C. June 28, 2019). The First Step Act provides that an inmate may file such a motion "after the defendant has fully exhausted all administrative rights to appeal a failure of the [BOP] to bring a motion on the defendant's behalf." 18 U.S.C. § 3582(c). All administrative remedies have been exhausted in Mr. Davis's case.²
9. 18 U.S.C. § 3582(c) directs this Court to grant a motion for compassionate release if the Court finds that: 1) a reduction in sentence is warranted by "extraordinary and compelling reasons;" 2) such reduction "is consistent with applicable policy statements issued by the Sentencing Commission;" and 3) consideration of the factors established in section 3553(a), to the extent they are applicable, weigh in favor of such a reduction. 18 U.S.C. § 3582(c)(1)(A)(i). Mr. Davis meets all these criteria.
10. Congress directed the Sentencing Commission to "describe what should be considered extraordinary and compelling reasons for sentence reduction, including the criteria to be applied and a list of specific examples." 28 U.S.C. § 994(t). Consequently, the Sentencing Commission promulgated a policy statement contained in U.S.S.G. § 1B1.13 that provides guidance on the "extraordinary and compelling reasons" that warrant a

² A denial of an inmate's request for consideration for compassionate release by the BOP "constitutes a final administrative decision" that cannot be appealed. 28 CFR § 571.63(b), (d). As noted, the BOP has already denied Mr. Davis's requests for compassionate release three times.

sentence reduction. Courts “have universally turned to [] § 1B1.13” and its accompanying Application Notes when considering compassionate release motions.

United States v. McGraw, No. 202-00018, 2019 WL 2059488, at *2 (S.D. Ind. May 9, 2019).

11. Under 18 U.S.C. § 3582(c), this Court must therefore first determine whether there are extraordinary and compelling reasons justifying the modification of Mr. Davis’s sentence in accordance with the Sentencing Commission’s policy statement as stated in U.S.S.G. § 1B1.13. Then, the Court must consider whether the factors in 18 U.S.C. § 3553 weigh in favor of a modification of the sentence. This Court should find that Mr. Davis meets the criteria for “extraordinary and compelling reasons” warranting release and that the § 3553 factors similarly weigh in favor of his release. 24 years in prison is more than sufficient to establish the considerations set forth in §3553.

12. Extraordinary and Compelling Reasons.

- a. U.S.S.G. § 1B1.13 provides that “extraordinary and compelling reasons” warranting a reduction in sentence exist where certain factors are established, such as the medical condition of the defendant, the age of the defendant, family circumstances, or other extraordinary and compelling reasons that may exist. Mr. Davis’s circumstances meet the definition of extraordinary and compelling reasons under the Sentencing Commission’s provision describing a defendant’s age, U.S.S.G. § 1B1.13, note 1(B), and also under the “catchall” provision in the Sentencing Commission’s Application Notes in its policy statement, U.S.S.G. § 1B1.13, note 1(D).

- b. Mr. Davis's advanced age and deteriorating health constitute extraordinary and compelling reasons warranting a reduction in sentence, consistent with the Sentencing Commission's policy statement and 18 U.S.C. § 3582(c)(1)(A)(i). The Application Notes to § 1B1.13 provide that extraordinary and compelling reasons exist where "[t]he defendant (i) is at least 65 years old; (ii) is experiencing a serious deterioration in physical or mental health because of the aging process; and (iii) has served at least 10 years or 75 percent of his or her term of imprisonment, whichever is less." U.S.S.G. § 1B1.13, note 1(B).
- c. Mr. Davis is currently 69 years old and will be 70 years old on April 25, 2020. He has already served 24 years in federal prison, **more than double the policy statement's required 10 years served and also significantly more than 75% of his prison sentence.** Under the actuarial tables in Section 8-46 of the General Statutes of North Carolina, Mr. Davis has a life expectancy of 12.04 more years. However, his various medical issues and his 24 years in prison have lessened his true life expectancy.
- d. Mr. Davis has a host of serious medical conditions, documented by his BOP medical records, which are worsening with age. Taken together, these conditions require constant management, will worsen as he ages, and continuously cause Mr. Davis severe pain and discomfort. These conditions include:
 - i. Hypertrophic cardiomyopathy with surgical implantation of an automatic cardioverter-defibrillator ("defibrillator") to reduce the risk of sudden cardiac death,
 - ii. Gastrointestinal issues that result in chronic pain and incontinence,

- iii. Benign localized hyperplasia of prostate causing pain and difficulty urinating,
 - iv. Hypertension,
 - v. Anxiety disorder and depression,
 - vi. Pre-diabetes,
 - vii. Podiatric pain,
 - viii. Temporomandibular joint disorder and other serious and painful dental ailments that have resulted in the loss of many teeth, and
 - ix. Allergic rhinitis. *See* Ex. C, January 2019 Medical Records.
- e. Mr. Davis was diagnosed with hypertrophic cardiomyopathy, a genetic cardiac condition, at a fairly young age. This condition led to Mr. Davis's medical retirement from the military in June of 1973, after two-and-a-half years of honorable military service. Symptoms of this illness include heart palpitations and syncope (loss of consciousness). *See* Ex. D, Cardiology Medical Records. Because Mr. Davis's symptoms were worsening with age and he was at risk of sudden cardiac death, he had an automated implantable cardioverter defibrillator surgically implanted in 2016. The severity of the condition continues to worsen due to Mr. Davis's advanced age. Among the various risks related to the implanted defibrillator is the risk that he could receive a shock during the night, be knocked out of bed, and suffer a serious injury. He currently has a lower bunk pass in the institution to mitigate this risk. But the risk of syncope or a defibrillating shock is ever-present. The device requires regular monitoring.

- f. Mr. Davis also suffers from prostatitis and hyperplasia of the prostate, which cause more frequent and painful urination. *See* Ex. E, List of Health Problems. The need to urinate more frequently is particularly problematic in the prison environment, where inmates are unable to move about the prison freely and are often required to stand in place during prison counts and at other times. These conditions will only worsen with age.
- g. Mr. Davis's gastrointestinal illness causes him persistent epigastric pain and incontinence, which has necessitated the use of adult diapers. *See* Ex. F, Gastrointestinal Medical Records. Activity of any kind exacerbates the symptoms, and rest is one of the few relieving factors. The regimented environment of prison makes coping with this illness especially difficult to manage. Mr. Davis recently had an endoscopy at the prison in an effort to determine the cause of persistent stomach pain and discomfort. He currently suffers from an uncomfortable pressure in his stomach, and the medical staff at the prison have been unable to determine the cause of these issues as of the date of this filing.
- h. In recent years, Mr. Davis has developed pre-diabetes. *See* Ex. E, List of Health Problems. This disease causes elevated blood sugars, which increases the risk of cardiovascular complications. This condition is likely to worsen with age and requires proper diet and exercise to manage. In the prison environment, maintaining a proper diet and exercise habits can be difficult or impossible.
- i. Mr. Davis has been diagnosed with anxiety disorder and depression, requiring medication. *See* Ex. G, Anxiety Disorder Medical Records. These disorders

became more acute following the recent passing of his ex-wife and mother of his sons, father, and most recently, his younger brother – all in the past three years.

See Ex. H, Depression Medical Records. These disorders would also be more effectively treated outside of prison, and access to family and emotional support would surely help Mr. Davis to cope with these recent losses as well.

- j. Mr. Davis suffers from myriad dental problems, including chronic periodontitis, 8 pulled teeth, and the insertion of crowns. These issues cause severe and recurring pain, particularly as Mr. Davis has received grossly inadequate dental care in the prison facility. He has no bottom teeth on the left side of his mouth, and the prison has been unable to provide a partial denture that fits properly. Because he has no teeth on the bottom left side of his mouth, and the partial denture does not fit, he must chew all food with the right side of his mouth. *See Ex. I, Dental Medical Records.* This has caused chronic pain in his right ear. Mr. Davis has also had a number of issues with the crowns and fillings that have been inserted during his time in prison, some of which have become infected and/or have caused him additional pain and have ultimately resulted in the loss of his teeth.
- k. Likewise, Mr. Davis has had chronic podiatric ailments. He has made multiple trips to doctors related to severe foot pain, which will only worsen with age. He requires special shoes and inserts to manage the pain.
- l. Indeed, a physician at Butner, Dr. Michael Nwude, examined Mr. Davis in 2017 in connection with one of Mr. Davis's prior requests to the BOP for compassionate release. Dr. Nwude concluded that Mr. Davis met the following criteria:

- i. Aged 65 or older;
 - ii. Suffers from chronic or serious medical conditions related to the aging process;
 - iii. Experiences deteriorating mental or physical health that substantially diminishes his ability to function in a correctional facility; and
 - iv. Conventional treatment promises no substantial improvement to his mental or physical condition. *See* Ex. J, 2017 Dr. Nwude Report.
- m. More than two years ago, Dr. Nwude affirmed that: **“Medical staff determined that [Matthew Davis] DOES have one or more of the above conditions and his condition(s) are permanent, progressive, and deteriorating. This inmate’s condition(s) have substantially diminished his ability to function in a correctional facility.”** *See id.* (emphasis added).
- n. Dr. Nwude further explained: “[Mr. Davis’s] Hypertrophic Cardiomyopathy is permanent and even though it is stable at the present time it is expected to deteriorate over time with diminution in his ability to function in a correctional facility. In addition, conventional treatment promises no substantial improvement to this physical condition.” *See id.*
- o. Thus, a medical professional at Butner has already evaluated Mr. Davis and has determined that he meets the required criteria for compassionate release from the medical perspective. Mr. Davis’s age and deteriorating health warrant a reduction in sentence in accordance with the Sentencing Commission’s policy statement.
- p. In addition to Mr. Davis’s serious medical issues, the sheer length of Mr. Davis’s sentence for the crimes to which he pled guilty – possession of drugs and carrying

a firearm – is a separate extraordinary and compelling reason warranting a sentence reduction under the catchall provision of the application notes to § 1B1.13, note 1(D).³ Mr. Davis has served 24 years in prison, over a third of his life, for these non-violent crimes. The length of his prison sentence, particularly given the non-violent nature of his offense, is truly extraordinary. It is high time that he is released.

13. 3553(a) Factors.

- a. This Court must engage in an independent analysis of whether a sentence reduction is warranted here, not only by determining whether there are urgent and compelling reasons warranting reduction but also by weighing the factors listed in 18 U.S.C. § 3553(a), as required by 18 U.S.C. § 3582(c)(1)(A).
- b. An analysis of the § 3553(a) factors further demonstrates that a reduction of Mr. Davis's sentence is warranted. Section 3553(a) provides that this Court shall consider the following factors, among others: 1) the nature and circumstances of the offense and the history and characteristics of the defendant; 2) the need to provide restitution to victims of the offense; 3) the need for the sentence to reflect the seriousness of the offense; 4) the need for the sentence to afford deterrence; 5) the need for the sentence to protect the public from further crimes; and 6) the need to provide the defendant with needed medical care in the most effective manner. 18 U.S.C. § 3553(a).

³ “[E]xtraordinary and compelling reasons exist . . . [if] there exists in the defendant’s case an extraordinary and compelling reason other than, or in combination with, the reasons described in subdivisions (A) through (C).”

- c. First, Mr. Davis's history and characteristics weigh in favor of a reduction in sentence. Prior to incarceration, Mr. Davis was the devoted son of a preacher, and the oldest of twelve siblings. He is also a veteran who served honorably at Fort Bragg and other locations in the United States before he was forced to retire for medical reasons. Prior to retiring, Mr. Davis had ambitions of being a career military officer and serving overseas in the Vietnam War. He has several children, several of whom have had children of their own. Since he has been incarcerated, Mr. Davis has lost both of his parents, his ex-wife, and most recently, his brother. Mr. Davis wants nothing more than to spend the remaining time that he has with his six grandchildren, all of whom were born while he has been in prison.
- d. At the time of his arrest, Mr. Davis struggled with drug addiction arising from a prescription for opioids for an injury sustained while he was on the job as a builder. He entered guilty pleas for non-violent drug-related offenses and possession of a firearm.
- e. Mr. Davis has used his time in prison to improve himself. While in prison, Mr. Davis obtained his GED and has devoted himself to religious studies. He earned a degree from the Amherst Theological Seminary to be an Associate of Bible, consistent with his goal of working in his father's church after his release. *See* Ex. K, Theology Certificate. He developed a strong relationship with the former chaplain at FCI Butner, who encouraged Mr. Davis to preach at the prison. The chaplain previously emphatically supported Mr. Davis's requests for passionate release, explaining that he contributed greatly to the prison community: "[Mr.

Davis's] greatest contribution was as a mentor to fellow Christian inmates with less maturity...Mr. Davis was known for his quiet demeanor and religious sincerity, and I believe that following his long incarceration he will value freedom greatly and make any effort needed to avoid its loss.” *See* Ex. L, 2015 Letter from Chaplain. Mr. Davis consistently worked throughout his incarceration as a Chapel clerk, a library clerk, and at many other jobs in the prison. Today, Mr. Davis spends his time in prison writing. He is currently in the process of writing a musical chronicling his life, the mistakes that he made, and the role that faith has played in his becoming a changed man. Matthew Davis is not the same man today as he was nearly a quarter century ago when he was originally sentenced.

- f. After 24 years in prison, Mr. Davis has only two extremely minor and non-aggressive disciplinary citations, one for keeping an “unsanitary and untidy” cell in 2014 and one from 2002 for being “in an unauthorized area and interfer[ing] with the taking of count.” *See* Ex. M, Disciplinary Records. He has never been sent to solitary confinement and has not lost a single day of “good time.” Mr. Davis has some prior convictions for offenses committed when he was much younger, including two assaults (neither of which required him to serve time in prison), a bank robbery (for which he was only required to serve two-and-a-half years of a fifteen year sentence and for which he successfully completed his parole supervision), and other petty offenses. These offenses all occurred a decade or more before Mr. Davis was charged with the crimes for which he is currently incarcerated.

- g. Mr. Davis has already served 24 years in prison for non-violent drug offenses; this substantial amount of time served surely reflects the seriousness of the crimes for which he pled guilty. Such a lengthy sentence affords more than adequate deterrence for any future potential criminal conduct.
- h. According to a study conducted by the Sentencing Commission, Mr. Davis's age of 69 also puts him in the category of those least likely to recidivate. Offenders who are released after the age of 65 are statistically significantly less likely to re-offend, according to the study. USSC, The Effects of Aging on Recidivism Among Federal Offenders (Dec. 2017), available at https://www.ussc.gov/sites/default/files/pdf/research-andpublications/research-publications/2017/20171207_Recidivism-Age.pdf.
- i. Upon release, Mr. Davis intends to reside with his brother, Daniel Davis, who lives in Winston-Salem, North Carolina and has already prepared a room in his home for Mr. Davis. Daniel is employed by the city in maintaining the city's police car fleet. Mr. Davis also intends to spend time with his three children and six grandchildren, including his son Matt, who lives nearby in Summerfield, North Carolina. Matt is interested in real estate and construction and has the financial resources to dedicate to these ventures. He hopes to work with Mr. Davis on such ventures once Mr. Davis is released and looks forward to the day when his two children can spend time with their grandfather outside the prison walls.
- j. Mr. Davis's support system at home, renewed dedication to faith, and physical deterioration due to health and age further reduce the likelihood that he will

engage in criminal activity upon release. These considerations sufficiently address the need to protect the public from further crimes. *See* 18 U.S.C. § 3553(a)(2)(C).

- k. Mr. Davis's need for improved medical care, which could be secured if he were to be released from prison, also weighs in favor of release. *See id.* § 3553 (a)(2)(D).

WHEREFORE, pursuant to the First Step Act of December 21, 2018, the defendant Matthew Davis, by his counsel, respectfully prays the Court:

1. For compassionate release from BOP custody, a reduction of his sentence to the current time served, and elimination of his lengthy term of supervised release to live at his brother's home.
2. For such other and further relief as the Court may deem just and equitable.

Respectfully submitted,

/s/ James B. Craven III

James B. Craven III
P.O. Box 1366
Durham, NC 27702
(919) 688-8295
jbc64@mindspring.com
NCSB 997

/s/ Christina J. Ferma

Christina J. Ferma
Jamie Gardner
Jay Tymkovich
Paul Hastings LLP
875 15th St NW
Washington, DC 20005
(202) 551-1872
christinaferma@paulhastings.com
VSB 89156

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

UNITED STATES OF AMERICA)	
)	
)	
v.)	No. 6:95-cr-00284-CCE-1
)	MOTION FOR COMPASSIONATE RELEASE
)	
MATTHEW DAVIS,)	
Defendant)	

CERTIFICATE OF SERVICE

I hereby certify that on December 18, 2019, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system and have verified that such filing was sent electronically using the CM/ECF system to the following Government counsel:

Angela Hewlett Miller
Office of the U.S. Attorney
101 South Edgeworth Street, Fourth Floor
Greensboro, NC 27401
Angela.miller@usdoj.gov

This 18th of December 2019.

/s/ James B. Craven III
James B. Craven III

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA

UNITED STATES OF AMERICA)	
)	
)	
v.)	No. 6:95-cr-00284-CCE-1
)	
)	
MATTHEW DAVIS,)	
Defendant)	

ORDER FOR COMPASSIONATE RELEASE

Upon consideration of the Motion for Compassionate Release of Matthew Davis, and the response of the United States, for good cause shown and pursuant to the First Step Act of December 21, 2018, and 18 U.S.C. §3582, the Motion is GRANTED, and it is hereby ORDERED that the sentence imposed is modified to time served, and that Matthew Davis shall be released from BOP custody immediately to live at the home of his brother, Daniel Davis, in Winston-Salem.

IT IS SO ORDERED.

Signed this ____ day of December 2019.

Catherine C. Eagles
United States District Judge

Exhibit A



U.S. Department of Justice
Federal Bureau of Prisons
Federal Correctional Complex
Butner, North Carolina 27509

AUGUST 25, 2017

MEMORANDUM FOR: KEN HYLE, ACTING ASSISTANT DIRECTOR
OFFICE OF GENERAL COUNSEL

FROM: *Donna M. Smith*
DONNA M. SMITH, WARDEN

SUBJECT: REQUEST FOR REDUCTION IN SENTENCE
RE: DAVIS, Matthew
Reg. No.: 00270-131

I am recommending consideration be given to a request for a reduction in sentence (RIS) based on "Elderly Inmates" for inmate Davis. This recommendation is based on his institutional adjustment, the attachments, and the exhibits that he included in his request, his incarceration of more than 10 years, the age of his prior offenses, and his current age of 67.

He is serving a 420 month sentence for "Conspiracy to Possess with Intent to Distribute Heroin, Possession with Intent to Distribute Cocaine Base near a School, and Carry & Use of Firearm during a Drug Crime". A review of Mr. Davis' Presentence Investigative Report reveals that he is held accountable for the total amount of heroin, cocaine hydrochloride, and cocaine base ("crack") which is equivalent to 46,095.8 kilograms of marijuana. Of that total, the marijuana equivalency of 45,752.2 kilograms (80 ounces and 19.61 grams of cocaine base) was distributed in a protected area (within 1,000 feet of a public school). Mr. Davis' prior offenses include: Assault on a Female (1973), Aiding and Abetting (1977), Bank Robbery (1978), Marijuana Equivalent Leader-Subject Threatened Witnesses. He has a public safety factor of "Greatest Severity" due to his leadership role in his offense.

Mr. Davis' institutional adjustment is considered "good". He received two 309 series incident reports since his incarceration. However, Mr. Davis has maintained clear conduct since 2014. Additionally, he has satisfied his financial responsibilities and has maintained employment. Mr. Davis is not subject to notification under the Victim/Witness Protection Act and he does not have a certifying Walsh Act offense. Also, there are no known pending charges or detainers lodged against him.

Mr. Davis plans to reside with his father upon release from incarceration. Enclosed for your review is the classification material and supporting documents for inmate Davis' release plan. Thank you for your consideration of this request. If you need any additional information, please contact me at (919) 575-5000.

Exhibit B



U.S. Department of Justice

Federal Bureau of Prisons

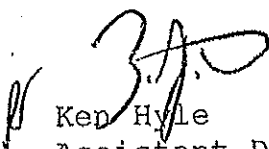
Office of the General Counsel

Washington, DC 20534

AUG 21 2018

MEMORANDUM FOR DONNA M. SMITH, WARDEN
LOW SECURITY FEDERAL CORRECTIONAL INSTITUTION
BUTNER, NORTH CAROLINA

FROM:


Ken Hyle
Assistant Director/General Counsel

SUBJECT:

DAVIS, Matthew
Federal Register No. 00270-131
Request for Reduction in Sentence

Please be advised that Mr. Davis's request for a reduction in sentence (RIS) pursuant to 18 U.S.C. § 3582(c)(1)(A)(i) and PS 5050.49, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), Section 4(c) ("Other Elderly Inmates"), is denied. We have carefully reviewed the documentation submitted with this request and have consulted with the Assistant Director of the Correctional Programs Division.

Mr. Davis, age 68, has served over 22 years (77.9%) of his 348-month sentence. Although he meets the eligibility criteria of Section 4(c), due to the nature and circumstances of his instant offense, release at this time would minimize the severity of his criminal conduct. Moreover, Mr. Davis has a lengthy criminal history dating back to 1967, and has already received a reduction in his current sentence on two separate occasions. Accordingly, his request is denied.

Please provide Mr. Davis with a copy of this decision.

cc: Angela P. Dunbar, Regional Director, MARO

Exhibit C

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/03/2019 08:10

Sex: M Race: BLACK
Provider: Reddy, Edavally M.D.

Reg #: 00270-131
Facility: BUF
Unit: W01

Chronic Care - Chronic Care Clinic encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Reddy, Edavally M.D.

Chief Complaint: Chronic Care Clinic

Subjective: 68 y/o inmate presents for ccc visit.

PMHx: Htn, HOCM s/p AICD 8'16, chronic prostatitis/LUTS/ elevated psa s/p neg biopsy 10'18, hx of nephrolithiasis s/p lithotripsy, allergic rhinitis, anxiety disorder.

Meds: list reviewed with pt.

States doing fair, claims compliant with all meds, diet and regular exercises. Feels occasional lightheadedness with sudden change of position since increasing dose of terazosin. Denies cp, sob, palpitations, dizziness, syncope, focal neuro sx, leg swelling. Denies AICD firing. Last AICD check 12/18. Denies n/v/d/c/abd pain/ hematemesis, dark stools, rectal bleed. Requesting to renew lower bunk pass.

LUTS sx better controlled with terazosin 10 mg qd. Recent prostate biopsy of 10'18 neg for malignancy, mild inflammation +. Seen for flank pain last month, ua showed mild blood, kub neg for kidney stones, awaiting to see urologist given hx of prior nephrolithiasis. Denies any urinary sx or flank pain at this time.

Nasal allergy sx fairly controlled with daily Flonase, also using prn Claritin from commissary. Had dry needling for rt tm recently. Sx under control. Awaiting audiology eval and ent f/u for eval of chronic eustachian dysfunction. Denies any ent sx currently.

Mood stable on meds per psych.
No

Pain:

Seen for clinic(s): Cardiac, General, Hypertension

ROS:

General

Constitutional Symptoms

No: Chills, Fatigue, Fever

HEENT

Ears

Yes: Within Normal Limits

Eyes

Yes: Within Normal Limits

No: Changes in Vision

Head

Yes: Within Normal Limits

Neck

Yes: Within Normal Limits

Throat

Yes: Within Normal Limits

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/03/2019 08:10

Sex: M Race: BLACK
Provider: Reddy, Edavally M.D.

Reg #: 00270-131
Facility: BUF
Unit: W01

ROS:

Cardiovascular

General

Yes: Within Normal Limits
No: Angina, Edema, Exertional dyspnea

Pulmonary

Respiratory System

Yes: Within Normal Limits

GI

General

Yes: Within Normal Limits
No: Abdominal Pain or Colic, Blood in Stools, Constipation, Diarrhea

GU

General

Yes: Within Normal Limits

Musculoskeletal

General

Yes: Within Normal Limits
No: Arthritis

Neurological

Cranial Nerves

Yes: Within Normal Limits

Motor System

Yes: Within Normal Limits

Sensory System

Yes: Within Normal Limits

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
01/03/2019	10:02 BUX	97.8	36.6		Reddy, Edavally M.D.

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
01/03/2019	10:02 BUX	69			Reddy, Edavally M.D.

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
01/03/2019	10:02 BUX	12	Reddy, Edavally M.D.

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
01/03/2019	10:02 BUX	130/82				Reddy, Edavally M.D.

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
01/03/2019	10:02 BUX	100	Room Air	Reddy, Edavally M.D.

Weight:

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/03/2019 08:10

Sex: M Race: BLACK
Provider: Reddy, Edavally M.D.

Reg #: 00270-131
Facility: BUF
Unit: W01

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
01/03/2019	10:02 BUX	177.0	80.3		Reddy, Edavally M.D.

Exam:

General

Affect

Yes: Pleasant, Cooperative, Anxious

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Nutrition

Yes: BMI reviewed (enter in comments)

Head

General

Yes: Atraumatic/Normocephalic

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Ears

Canal

Yes: Within Normal Limits

Nose

General

Yes: Nares Patent

Mouth

Mucosa

Yes: Within Normal Limits

Pharynx

Yes: Within Normal Limits

Neck

General

Yes: Within Normal Limits, Supple

Vascular

No: Jugular Venous Distension, Carotid Bruits

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

No: Respiratory Distress

Auscultation

Yes: Clear to Auscultation, Vesicular Breath Sounds Bilaterally

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR)

No: M/R/G

Abdomen

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/03/2019 08:10

Sex: M Race: BLACK
Provider: Reddy, Edavally M.D.

Reg #: 00270-131
Facility: BUF
Unit: W01

Exam:

Inspection

Yes: Within Normal Limits

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Within Normal Limits, Soft

No: Tenderness on Palpation

Neurologic

Cranial Nerves (CN)

Yes: CN 2-12 Intact Grossly

Motor System-General

Yes: Normal Exam

Sensory-Light Touch

Yes: Normal Light Touch Sensation

Exam Comments

BMI 24

ASSESSMENT:

Allergic rhinitis, cause unspecified, 477.9 - Current

Benign localized hyperplasia of prostate NOS, 600.20 - Current

Hypertension, Benign Essential, 401.1 - Current

Hypertrophic obstructive cardiomyopathy, 425.1 - Current

Anxiety disorder, F419 - Current

Temporomandibular joint disorder, M2660 - Current

PLAN:

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
1430860-BUX	amLODIPine 5 MG TAB	01/03/2019 08:10	Take one tablet (5 MG) by mouth each day x 365 day(s)
	Indication: Hypertension, Benign Essential		
1464416-BUX	Fluticasone Prop 50mcg, 16ml Nasal spry	01/03/2019 08:10	Inhale & Spray two puffs in each nostril daily x 180 day(s)
	Indication: Allergic rhinitis, cause unspecified		
1430861-BUX	Hydrochlorothiazide 12.5 MG Cap	01/03/2019 08:10	Take one capsule (12.5 MG) by mouth each morning x 365 day(s)
	Indication: Hypertension, Benign Essential		
1430862-BUX	Metoprolol Tartrate 25 MG Tab	01/03/2019 08:10	Take one tablet (25 MG) by mouth twice daily x 365 day(s)
	Indication: Hypertension, Benign Essential, Hypertrophic obstructive cardiomyopathy		
1450663-BUX	Terazosin HCl 10 MG Cap	01/03/2019 08:10	Take one capsule (10 MG) by mouth each day ***note increased dose*** x 180 day(s)
	Indication: Benign localized hyperplasia of prostate NOS		

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/03/2019 08:10

Sex: M Race: BLACK
Provider: Reddy, Edavally M.D.

Reg #: 00270-131
Facility: BUF
Unit: W01

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC	One Time	06/26/2019 00:00	Routine
Lab Tests - Short List-General-Lipid Profile			
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-Hemoglobin A1C			
Lab Tests - Short List-General-PSA, Total			
Lab Tests - Short List-General-T4, Free			
Lab Tests - Short List-General-Comprehensive			
Metabolic Profile (CMP)			

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Cardiology	02/01/2019	02/01/2019	Routine	No	

Subtype:

Inhouse Clinic

Reason for Request:

Inmate with hx of htn, hocm s/p aicd 8/2016 need f/u apt. Thanks,

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chronic Care Visit	07/09/2019 00:00	Physician 03

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed

Other:

CXR- 5'18
Ekg- 8'18
Optometry- 12'16
C'scopy- 2'11
FOBT- 6'18
Pneumo vac 23- 5'16
PCV 13- 9'15
Influenza- 10'18

A&P: 68 y/o inmate with PMHx of Htn, HOCM s/p AICD 8'16, chronic prostatitis/LUTS/ elevated psa s/p neg biopsy 10'18, hx of nephrolithiasis s/p lithotripsy, allergic rhinitis, anxiety disorder came for CCC visit.

1. Htn, well controlled on current meds.
2. HOCM s/p AICD 8'16. Stable, no sx. NI AICD function. Will get cardiology f/u for further advise.
3. LUTS/ chronic prostatitis/ elevated psa s/p neg biopsy 10'18. Sx stable on terazosin 10 mg qd, tolerating o.k. Recent flank pain with hematuria, hx of nephrolithiasis in the past, kub neg for renal stones, awaiting urology f/u. No sx at present.
4. Allergic rhinitis, stable on daily Flonase along with prn Claritin. Suspected eusthonian tube dysfunction, seen by ENT, awaiting audiology eval and ent f/u. Sx stable with Flonase spray.
5. Rt TMJ syndrome, s/p recent dry needling. Being f/u by PT. Stable now.

Continue current meds.

- cardiology consult for f/u of hocm
- get labs prior to next ccc visit in 7/19.
- lower bunk pass renewed.

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/03/2019 08:10

Sex: M Race: BLACK
Provider: Reddy, Edavally M.D.

Reg #: 00270-131
Facility: BUF
Unit: W01

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/03/2019	Counseling	Access to Care	Reddy, Edavally	Verbalizes Understanding

Stressed compliance to medical management.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Reddy, Edavally M.D. on 01/03/2019 11:24

Exhibit D

July 27, 2016

Michael Nwude, MD
Old Nc Hwy 75
Federal Med Center

Butner NC 27509

Patient: **Matthew Davis**
MR Number: **D1956175**
Date of Birth: **4/25/1950**
Date of Visit: **7/27/2016**

06270.131

BUF

Dear Dr. Nwude:

Thank you for referring Matthew Davis to me for evaluation. Below are the relevant portions of my evaluation of Mr. Davis.

Consultation

Reason for referral:

Chief Complaint

Patient presents with:

- consultation

Date of Service: 7/27/2016

Date of Birth: 4/25/1950

PCP: ANDREW E STOCK, MD

History of Present Illness: Mr. Davis is a 66 y.o. male patient who has Hypertrophic cardiomyopathy and Essential hypertension on his problem list.

He is a pleasant gentleman who is currently an inmate at Butner Federal penitentiary. He is referred to me because of hypertrophic cardiomyopathy and nonsustained ventricular tachycardia noted on Holter monitor. Wore the monitor for just 24 hours but runs of nonsustained ventricular tachycardia up to 8 beats in length were seen. Rates were less than 150. He feels palpitations when these episodes happen and says that they have been getting more frequent over the years. They do not bother him much but he does notice them.

He was 1st diagnosed with hypertrophic cardiomyopathy when he was 22 years old in the military. He had a recent echocardiogram although it is not provided with his current medical records. Dr. Moore does mention that there was no apparent obstruction of the left ventricular outflow tract, but if septal thickness was increased, probably in the range of 2-1/2 to 3 centimeters.

He has a history of syncope on 3 occasions, he thinks. He remembers the most recent episode which happened about a year and a half ago. He was walking in the prison and lost consciousness, hitting his head on the door frame as he fell forward. There was no warning prior to loss of consciousness and he had no residual symptoms with the exception of pain related to any his head.

There is a reported history of hepatitis-C infection.

He is able to exercise without a bit of dyspnea on exertion.

Review of Systems

Constitutional: Negative for fever, chills, weight loss and malaise/fatigue.

HEENT: Negative for ear pain and hearing loss.

Eyes: Negative for double vision and pain.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Positive for palpitations. Negative for chest pain, claudication, leg swelling and PND.

Gastrointestinal: Negative for nausea and vomiting.

Genitourinary: Negative for dysuria, urgency and frequency.

Musculoskeletal: Negative for myalgias, back pain and joint pain.
Skin: Negative for itching and rash.
Endo/Heme/Allergies: Negative for polydipsia.
Psychiatric/Behavioral: Negative for hallucinations, memory loss and substance abuse.

Past Medical and Surgical History

Past Medical History

Diagnosis: Hypertrophic cardiomyopathy, Nonsustained ventricular tachycardia, Benign prostatic hypertrophy, Essential hypertension, Hepatitis C Date: 1/15/2014

- Hypertrophic cardiomyopathy
- Nonsustained ventricular tachycardia
- Benign prostatic hypertrophy
- Essential hypertension
- Hepatitis C

Past Surgical History

He has no past surgical history on file.

Medications and Allergies

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• atenolol (TENORMIN) 25 MG tablet	Take 25 mg by mouth once daily.		
• fluticasone (FLONASE) 50 mcg/actuation nasal spray	Place 2 sprays into both nostrils once daily.		
• terazosin (HYTRIN) 2 MG capsule	Take 2 mg by mouth nightly.		

No current facility-administered medications for this visit.

Allergies: Sulfa (sulfonamide antibiotics)

Social and Family History

History

Substance Use/Topics

- Smoking status: Never Smoker
- Smokeless tobacco: Not on file
- Alcohol Use: 0.0 oz/week
0 Standard drinks or equivalent per week

Family History: family history is not on file.

Physical Examination

Vitals: BP 122/77 mmHg | Pulse 66 | Ht 182.9 cm (6') | Wt 75.352 kg (166 lb 1.9 oz) | BMI 22.53 kg/m2

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present.

Cardiovascular: Regular rhythm, normal heart sounds and intact distal pulses. Bradycardia present.

Exam reveals no gallop.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no rales.

Abdominal: Soft.

Musculoskeletal: He exhibits no edema or tenderness.

Neurological: He is alert and oriented to person, place, and time. No cranial nerve deficit. Coordination normal.

Skin: Skin is warm and dry. No rash noted.

Psychiatric: He has a normal mood and affect. His behavior is normal. Judgment and thought content normal.

Assessment and Plan

1. Encounter to establish care
2. Hypertrophic cardiomyopathy
3. Essential hypertension

He has hypertrophic cardiomyopathy which has been present for many years. Nonsustained ventricular tachycardia has been noted on Holter monitor and appears to be increasing in frequency. He also has a history of recurrent unexplained syncope which sounds consistent with cardiac syncope. The presence of hypertrophic cardiomyopathy certainly puts him at increased risk for sudden cardiac death and, generally, the presence or absence of risk factors is used to guide recommendations on defibrillator placement. In patients with 2 or more risk factors, device implantation is generally recommended. He does display at least 2 major risk factors including unexplained syncope and nonsustained ventricular tachycardia. I do not have an echo report showing the degree of septal hypertrophy, but if the septum were greater than 3 centimeters in thickness, then this would be an additional risk factor. Nonetheless he does clearly have 2 risk factors and I have recommended implantation of a defibrillator for prevention of sudden cardiac death. We discussed the risks and benefits of that procedure as well as technical aspects and follow-up and he expressed clear understanding. At the conclusion of our discussion, he decided he would like to move forward with ICD implantation. I will have him scheduled at his earliest convenience. He should have blood testing prior to his arrival at the lab to include CBC, INR and BMP.

Requested Prescriptions

No prescriptions requested or ordered in this encounter

Non-Medicine Orders:

Orders Placed This Encounter

Procedures

- ECG 12-lead

No future appointments.

If you have questions, please do not hesitate to call me. I look forward to following Matthew along with you.

Sincerely,

Timothy Patrick Donahue, MD

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	DAVIS, MATTHEW	Reg #:	00270-131
Date of Birth:	04/25/1950	Sex:	M
Scanned Date:	07/28/2016 07:29 EST	Race:	BLACK
		Facility:	BUF

Reviewed by Nwude, Michael MD on 07/28/2016 15:26.

Exhibit E

**Bureau of Prisons
Health Services
Health Problems**

Reg #: 00270-131

Inmate Name: DAVIS, MATTHEW

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Current						
Hypertension, Benign Essential						
08/03/2017 13:39 EST Nwude, Michael MD At treatment goal.	III	ICD-9	401.1	08/14/2008	Current	04/04/2014
11/10/2016 15:07 EST Nwude, Michael MD At treatment goal.	III	ICD-9	401.1	08/14/2008	Current	04/04/2014
08/14/2008 14:47 EST Hale, Margaret PA-C	III	ICD-9	401.1	08/14/2008	Current	08/14/2008
Hypertrophic obstructive cardiomyopathy						
08/03/2017 13:39 EST Nwude, Michael MD Diagnosed with HCOM at 22 and asymptomatic. s/p AICD placement on 8/23/16 for prevention of sudden b/c of his HCOM and nonsustained VT. doing well.	III	ICD-9	425.1	06/03/2015	Current	06/03/2015
02/08/2017 12:32 EST Nwude, Michael MD Diagnosed with HCOM at 22 and asymptomatic. s/p AICD placement on 8/23/16 for prevention of sudden b/c of his HCOM and nonsustained VT. doing well.	III	ICD-9	425.1	06/03/2015	Current	06/03/2015
11/10/2016 15:07 EST Nwude, Michael MD doing well.	III	ICD-9	425.1	06/03/2015	Current	06/03/2015
06/03/2015 10:43 EST Nwude, Michael MD	III	ICD-9	425.1	06/03/2015	Current	06/03/2015
Allergic rhinitis, cause unspecified						
08/27/2018 15:07 EST Rodriguez-Irizarry, Odalys ANP-C	III	ICD-9	477.9	03/04/2011	Current	06/17/2011
08/03/2017 13:39 EST Nwude, Michael MD Continue nasal drop. At treatment goal.	III	ICD-9	477.9	03/04/2011	Current	06/17/2011
11/10/2016 15:07 EST Nwude, Michael MD Continue nasal drop.	III	ICD-9	477.9	03/04/2011	Current	06/17/2011
03/04/2011 12:16 EST Lecuire, Pascale PA-C	III	ICD-9	477.9	03/04/2011	Current	03/04/2011
^Chronic periodontitis						
05/10/2011 18:09 EST Vega, Rafael DMD	III	ICD-9	523.4	05/10/2011	Current	05/10/2011
Edentulism, partial, unspecified						
08/05/2011 10:56 EST Vega, Rafael DMD	III	ICD-9	525.50	08/05/2011	Current	08/05/2011

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Fractured restorative material w loss material						
06/16/2009 10:53 EST Vos, Justin DDS #21 DO glass ionomer with portion of DO missing.	III	ICD-9	525.64	06/16/2009	Current	06/16/2009
Jaw pain, Unspecified disease of the jaws						
07/28/2015 15:05 EST Vega, Rafael DMD	III	ICD-9	526.9	07/08/2014	Current	07/28/2015
10/02/2014 10:32 EST Nwude, Michael MD	III	ICD-9	526.9	07/08/2014	Current	10/02/2014
07/08/2014 08:40 EST Young, Norman DMD	III	ICD-9	526.9	07/08/2014	Resolved	07/08/2014
04/04/2014 13:29 EST Neri, Emmeline MLP Muscle pain, lower left mandible.	III	ICD-9	526.9	04/20/2012	Current	04/04/2014
11/19/2012 11:55 EST Vega, Rafael DMD Muscle pain, lower left mandible.	III	ICD-9	526.9	04/20/2012	Remission	11/19/2012
04/20/2012 16:32 EST Vega, Rafael DMD Muscle pain, lower left mandible.	III	ICD-9	526.9	04/20/2012	Current	04/20/2012
Hernia, Other ventral						
08/03/2017 13:39 EST Nwude, Michael MD There is an old ventral hernia and a new smaller hernia that is nontender to palpation. He was instructed on proper breathing techniques to use when exercising. Monitor.	III	ICD-9	553.29	11/16/2009	Current	04/07/2014
11/10/2016 15:07 EST Nwude, Michael MD There is an old ventral hernia and a new smaller hernia that is nontender to palpation. This will be monitored. He was instructed on proper breathing techniques to use when exercising	III	ICD-9	553.29	11/16/2009	Current	04/07/2014
06/17/2011 14:18 EST Nwude, Michael MD There is an old ventral hernia and a new smaller hernia that is nontender to palpation. This will be monitored. He was instructed on proper breathing techniques to use when exercising.	III	ICD-9	553.29	11/16/2009	Current	06/17/2011
11/16/2009 13:05 EST Ramsey, Roscoe MD There is an old ventral hernia and a new smaller hernia that is tender to palpation. This will be monitored. He was instructed on proper breathing techniques to use when exercising.	III	ICD-9	553.29	11/16/2009	Current	11/16/2009
Benign localized hyperplasia of prostate NOS						
08/03/2017 13:39 EST Nwude, Michael MD urine cytology from 2011- 4/6/15 inconclusive. 1/9/15: cystoscopy: mildly friable prostate. stable.	III	ICD-9	600.20	06/25/2010	Current	04/07/2014
11/10/2016 15:07 EST Nwude, Michael MD urine cytology from 2011- 4/6/15 inconclusive. 1/9/15: cystoscopy: mildly friable prostate	III	ICD-9	600.20	06/25/2010	Current	04/07/2014
10/07/2014 13:41 EST Nwude, Michael MD urine cytology report of 4/14 and 10/14 not conclusive.	III	ICD-9	600.20	06/25/2010	Current	04/07/2014

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
10/10/2013 14:05 EST Adkins, Jennifer FNP-C	III	ICD-9	600.20	06/25/2010	Current	10/10/2013
10/29/2012 10:37 EST Nwude, Michael MD	III	ICD-9	600.20	06/25/2010	Current	10/29/2012
8/12: PSA=3.66						
10/29/2012 10:33 EST Nwude, Michael MD	III	ICD-9	600.20	06/25/2010	Current	10/29/2012
10/18/2011 16:18 EST Newkirk, Ketoyia PA-C	III	ICD-9	600.20	06/25/2010	Current	10/18/2011
Managing symptoms with regulating how much liquid is consumed in evenings.						
06/17/2011 14:18 EST Nwude, Michael MD	III	ICD-9	600.20	06/25/2010	Current	06/17/2011
Obtain PSA level.						
06/25/2010 09:31 EST Sielicki, Stanislaw MLP	III	ICD-9	600.20	06/25/2010	Current	06/25/2010
Coronary artery anomaly						
08/03/2017 13:39 EST Nwude, Michael MD	III	ICD-9	746.85	08/14/2008	Current	10/18/2011
Idiopathic Hypertrophic Subaortic Stenosis.						
s/p AICD placement.						
Doing well.						
11/10/2016 15:07 EST Nwude, Michael MD	III	ICD-9	746.85	08/14/2008	Current	10/18/2011
Idiopathic Hypertrophic Subaortic Stenosis.						
s/p AICD placement.						
Doing well.						
06/23/2016 09:17 EST Nwude, Michael MD	III	ICD-9	746.85	08/14/2008	Current	10/18/2011
Idiopathic Hypertrophic Subaortic Stenosis.						
09/14/2010 10:44 EST Lecuire, Pascale PA-C	III	ICD-9	746.85	08/14/2008	Current	08/14/2008
Idiopathic Hypertrophic Subaortic Stenosis						
08/14/2008 14:47 EST Hale, Margaret PA-C	III	ICD-9	746.85	08/14/2008	Current	08/14/2008
Tinea unguium						
08/10/2017 12:21 EST Adkins, Jennifer FNP-C		ICD-10	B351	08/10/2017	Current	
Anxiety disorder						
01/26/2017 14:01 EST Padgett, Matthew APRN-BC		ICD-10	F419	01/26/2017	Current	
Disorder of lacrimal system						
08/03/2017 13:39 EST Nwude, Michael MD		ICD-10	H049	01/03/2017	Current	
Dry Eye syndrome.						
start artificial tear.						
01/03/2017 11:49 EST Nwude, Michael MD		ICD-10	H049	01/03/2017	Current	
Dry Eye syndrome						
Unspecified disorder of refraction						
08/03/2017 13:39 EST Nwude, Michael MD		ICD-10	H527	01/03/2017	Current	
myopia/astigmatism/presbyopia.						
OK with prescribed glasses.						
01/03/2017 11:47 EST Nwude, Michael MD		ICD-10	H527	01/03/2017	Current	

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
myopia/astigmatism/presbyopia. Prescribed glasses.						
Sensorineural hearing loss, bilateral						
02/13/2019 15:13 EST Gray, Lara Audiologist		ICD-10	H903	02/13/2019	Current	
Dental caries on smooth surface penetrating into dentin						
06/08/2018 16:08 EST Vega, Rafael DMD On #6 & #11		ICD-10	K0262	06/06/2018	Current	
Disease of hard tissues of teeth						
04/01/2019 16:33 EST Vega, Rafael DMD On #18		ICD-10	K039	04/01/2019	Current	
Unspecified lesions of oral mucosa						
04/04/2019 16:10 EST Vega, Rafael DMD Buccal to #18		ICD-10	K1370	04/04/2019	Current	
Temporomandibular joint disorder						
06/01/2018 11:17 EST Vega, Rafael DMD Right TMJ pain		ICD-10	M2660	05/31/2018	Current	
Inflammatory disease of prostate, unspecified						
08/03/2017 13:39 EST Nwude, Michael MD Prostatitis, presently flaring. Prescribe NSAID and U/A and treat for infection.		ICD-10	N419	11/10/2016	Current	
11/10/2016 15:07 EST Nwude, Michael MD Prostatitis		ICD-10	N419	11/10/2016	Current	
Hematuria, unspecified						
12/17/2018 11:59 EST Meyer, Caleb APRN-CNP		ICD-10	R319	12/17/2018	Current	
Abnormal finding of blood chemistry, unspecified						
08/03/2017 13:39 EST Nwude, Michael MD PSA=4.33H dated 10/16...likely from prostatitis monitor and f/u with urology for biopsy if much higher.		ICD-10	R799	11/10/2016	Current	
11/10/2016 15:09 EST Nwude, Michael MD PSA=4.33H dated 10/16...likely from prostatitis monitor		ICD-10	R799	11/10/2016	Current	
Allergy status to anesthetic agent status						
04/10/2018 15:31 EST Vega, Rafael DMD		ICD-10	Z884	04/10/2018	Current	
Presence of automatic (implantable) cardiac defibrillator						
08/03/2017 13:39 EST Nwude, Michael MD Normal interrogation dated 5/22/17.		ICD-10	Z95810	08/23/2016	Current	

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
f/u repeat interrogation						
11/10/2016 15:07 EST Nwude, Michael MD		ICD-10	Z95810	08/23/2016	Current	
f/u with interrogation.						
08/23/2016 15:31 EST Adkins, Jennifer FNP-C		ICD-10	Z95810	08/23/2016	Current	

Remission

Hemorrhoids, internal without mention of comp

10/18/2011 16:18 EST Newkirk, Ketoyia PA-C	III	ICD-9	455.0	08/14/2008	Remission	10/18/2011
06/17/2011 14:18 EST Nwude, Michael MD	III	ICD-9	455.0	08/14/2008	Remission	06/17/2011
08/14/2008 14:48 EST Hale, Margaret PA-C	III	ICD-9	455.0	08/14/2008	Current	08/14/2008

Calculus of kidney

08/03/2017 13:39 EST Nwude, Michael MD	III	ICD-9	592.0	07/30/2014	Remission	08/03/2017
Left kidney stone.						
f/u KUB 8/1/17: No radiographic evidence of radiopaque renal calculus.						
07/25/2017 13:06 EST Nwude, Michael MD	III	ICD-9	592.0	07/30/2014	Current	07/25/2017
Left kidney stone.						
f/u KUB						
06/12/2015 13:33 EST Forster, Gerard PA-C	III	ICD-9	592.0	07/30/2014	Resolved	06/12/2015
Left kidney stone						
07/30/2014 14:50 EST Adkins, Jennifer FNP-C	III	ICD-9	592.0	07/30/2014	Current	07/30/2014
Left kidney stone						

Corns and callosities

06/12/2015 13:33 EST Forster, Gerard PA-C	III	ICD-9	700	07/16/2014	Remission	06/12/2015
no c/o today						
07/16/2014 11:21 EST Neri, Emmeline MLP	III	ICD-9	700	07/16/2014	Current	07/16/2014

Disturbance of skin sensation

06/12/2015 13:33 EST Forster, Gerard PA-C	III	ICD-9	782.0	07/29/2014	Remission	06/12/2015
no c/o today						
07/29/2014 16:02 EST Adkins, Jennifer FNP-C	III	ICD-9	782.0	07/29/2014	Current	07/29/2014
Bilateral feet						

Resolved

Hepatitis C, chronic w/o mention of hepatic coma

03/10/2016 09:06 EST Nwude, Michael MD	III	ICD-9	070.54	10/28/2008	Resolved	03/10/2016
Genotype 1a						

HCV RNA--not detected on 8/23/15; scheduled for completion of Harvoni tx on

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
10/15/15. 10/13/2015 12:33 EST Adkins, Jennifer FNP-C Genotype 1a	III	ICD-9	070.54	10/28/2008	Current	10/13/2015
HCV RNA--not detected on 8/23/15; scheduled for completion of Harvoni tx on 10/15/15. 05/19/2015 09:40 EST Jones, Brandon NP-C Genotype 1a	III	ICD-9	070.54	10/28/2008	Current	05/19/2015
s/p failed chronic hepatitis C infection treatment with week 12 report:Week 12 treatment Viral load 8/22/11: 10,669,863. Pretreatment viral load 5/19/11: 14, 200,000 Genotype 1. Patient is adamant about a trial of the new triple therapy instead of awaiting PEG intron free treatment as suggested to him during his last GI consult in 06/2012. To work up fro triple therapy and then submit request for retreatment. 4/12: liver U/S: Early cirrhosis						
10/29/2012 10:35 EST Nwude, Michael MD s/p failed chronic hepatitis C infection treatment with week 12 report:Week 12 treatment Viral load 8/22/11: 10,669,863. Pretreatment viral load 5/19/11: 14, 200,000 Genotype 1. Patient is adamant about a trial of the new triple therapy instead of awaiting PEG intron free treatment as suggested to him during his last GI consult in 06/2012.	III	ICD-9	070.54	10/28/2008	Current	10/29/2012
To work up fro triple therapy and then submit request for retreatment. 4/12: liver U/S: Early cirrhosis						
10/29/2012 10:33 EST Nwude, Michael MD s/p failed chronic hepatitis C infection treatment with week 12 report:Week 12 treatment Viral load 8/22/11: 10,669,863. Pretreatment viral load 5/19/11: 14, 200,000 Genotype 1. Patient is adamant about a trial of the new triple therapy instead of awaiting PEG intron free treatment as suggested to him during his last GI consult in 06/2012.	III	ICD-9	070.54	10/28/2008	Current	10/29/2012
To work up fro triple therapy and then submit request for retreatment.						
08/30/2011 15:12 EST Newkirk, Ketoyia PA-C Week 12 treatment Viral load 8/22/11: 10,669,863. Pretreatment viral load 5/19/11: 14, 200,000 WBC 1.9 and Neutrophil# 0.6	III	ICD-9	070.54	10/28/2008	Current	08/30/2011
7/25/2011: Labs reflect week eight. ALT 67						

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
AST 58 WBC 2.t Plt count 91 Neutro# 0.9						
Week 6 Chronic Hep C Treatment 7/5/11: ALT 81 AST 65 WBC 2.7 Plt count 72, Neutro# 0.9 10^3/uL						
Week 5 of Chronic Hep C treatment 6/27/11: ALT= 74H Cr= 1.2 normal H/H= 14.8/45 WBC= 2.6L Neutro= 26% of 2.6= 676 Plat= 87						
Patient counseled regarding his treatment. 07/26/2011 16:16 EST Newkirk, Ketoyia PA-C 7/25/2011: Labs reflect week eight. ALT 67 AST 58 WBC 2.t Plt count 91 Neutro# 0.9	III	ICD-9	070.54	10/28/2008	Current	07/26/2011
Week 6 Chronic Hep C Treatment 7/5/11: ALT 81 AST 65 WBC 2.7 Plt count 72, Neutro# 0.9 10^3/uL						
Week 5 of Chronic Hep C treatment 6/27/11: ALT= 74H Cr= 1.2 normal H/H= 14.8/45 WBC= 2.6L Neutro= 26% of 2.6= 676 Plat= 87						
Patient counseled regarding his treatment. 07/12/2011 11:46 EST Newkirk, Ketoyia PA-C Week 6 Chronic Hep C Treatment 7/5/11: ALT 81	III	ICD-9	070.54	10/28/2008	Current	07/08/2011

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
AST 65 WBC 2.7 Plt count 72, Neutro# 0.9 10 ³ /uL						
Week 5 of Chronic Hep C treatment 6/27/11: ALT= 74H Cr= 1.2 normal H/H= 14.8/45 WBC= 2.6L Neutro= 26% of 2.6= 676 Plat= 87 Tolerating hep C treatment poorly. Patient counseled regarding his treatment.						
Plan: As per treatment protocol 1. Reduce peg-intron to 50% dose 2. Discontinue peg and ribavarin if Neutro gets <500 or platelet gets <50,000 3. Monitor labs weekly regarding trend until stable.						
07/12/2011 11:26 EST Newkirk, Ketoyia PA-C Week 6 Chronic Hep C Treatment 7/5/11: ALT 81 AST 65 WBC 2.7 Plt count 72, Neutro# 0.9	III	ICD-9	070.54	10/28/2008	Current	07/08/2011
Week 5 of Chronic Hep C treatment 6/27/11: ALT= 74H Cr= 1.2 normal H/H= 14.8/45 WBC= 2.6L Neutro= 26% of 2.6= 676 Plat= 87 Tolerating hep C treatment poorly. Patient counseled regarding his treatment.						
Plan: As per treatment protocol 1. Reduce peg-intron to 50% dose 2. Discontinue peg and ribavarin if Neutro gets <500 or platelet gets <50,000 3. Monitor labs weekly regarding trend until stable.						
06/28/2011 15:38 EST Nwude, Michael MD Week 5 of Chronic Hep C treatment	III	ICD-9	070.54	10/28/2008	Current	06/28/2011

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
6/27/11: ALT= 74H Cr= 1.2 normal H/H= 14.8/45 WBC= 2.6L Neutro= 26% of 2.6= 676 Plat= 87 Tolerating hep C treatment poorly. Patient counseled regarding his treatment. Plan: As per treatment protocol 1. Reduce peg-intron to 50% dose 2. Discontinue peg and ribavarin if Neutro gets <500 or platelet gets <50,000 3. Monitor labs weekly regarding trend until stable.						
06/17/2011 14:18 EST Nwude, Michael MD Tolerating hep C treatment. Patient counseled to continue with his treatment.	III	ICD-9	070.54	10/28/2008	Current	06/17/2011
06/16/2011 09:28 EST Newkirk, Ketoyia PA-C	III	ICD-9	070.54	10/28/2008	Current	06/14/2011
10/28/2008 12:29 EST Duchesne, Carlos MD Active	III	ICD-9	070.54	10/28/2008	Current	10/28/2008
Dermatophytosis of nail (Tinea unguium)						
02/23/2016 07:20 EST SYSTEM Bilateral Great Toenails	III	ICD-9	110.1	09/14/2010	Resolved	06/17/2011
06/17/2011 14:18 EST Nwude, Michael MD Bilateral Great Toenails	III	ICD-9	110.1	09/14/2010	Resolved	06/17/2011
09/14/2010 10:50 EST Lecuire, Pascale PA-C Bilateral Great Toenails	III	ICD-9	110.1	09/14/2010	Current	09/14/2010
Otitis media, unspecified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	382.9	04/03/2012	Resolved	04/13/2012
04/13/2012 15:17 EST Holmes, Alisha PA-C	III	ICD-9	382.9	04/03/2012	Resolved	04/13/2012
04/05/2012 09:34 EST Brooks, Lori PA-C	III	ICD-9	382.9	04/03/2012	Current	04/03/2012
Ear pain, Otagia, unspecified						
03/09/2016 15:06 EST Adkins, Jennifer FNP-C	III	ICD-9	388.70	01/10/2014	Resolved	03/09/2016
01/10/2014 09:30 EST Adkins, Jennifer FNP-C	III	ICD-9	388.70	01/10/2014	Current	01/10/2014
Vertigo						
03/09/2016 15:06 EST Adkins, Jennifer FNP-C	III	ICD-9	438.85	04/13/2012	Resolved	03/09/2016
04/13/2012 15:17 EST Holmes, Alisha PA-C	III	ICD-9	438.85	04/13/2012	Current	04/13/2012
Acute upper respiratory infection of unspec site						
03/09/2016 15:06 EST Adkins, Jennifer FNP-C	III	ICD-9	465.9	12/13/2011	Resolved	03/09/2016

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Appears viral; conservative treatment recommended. 12/13/2011 12:06 EST Newkirk, Ketoyia PA-C	III	ICD-9	465.9	12/13/2011	Current	12/13/2011
Appears viral; conservative treatment recommended.						
Acute upper respiratory infection of unspec site						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	465.9	04/29/2009	Resolved	04/29/2009
04/29/2009 10:46 EST Hale, Margaret PA-C	III	ICD-9	465.9	04/29/2009	Current	04/29/2009
Bronchitis, acute						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	466.0	06/26/2013	Resolved	06/12/2015
06/12/2015 13:33 EST Forster, Gerard PA-C	III	ICD-9	466.0	06/26/2013	Resolved	06/12/2015
06/26/2013 06:56 EST Ward, Emad MD	III	ICD-9	466.0	06/26/2013	Current	06/26/2013
Dental caries extending into dentine						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	521.02	03/13/2012	Resolved	03/13/2012
03/13/2012 09:31 EST Young, Norman DMD	III	ICD-9	521.02	03/13/2012	Resolved	03/13/2012
Dental caries extending into dentine						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	521.02	09/12/2011	Resolved	09/12/2011
09/12/2011 10:17 EST Young, Norman DMD	III	ICD-9	521.02	09/12/2011	Resolved	09/12/2011
Dental caries extending into dentine						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	521.02	05/10/2011	Resolved	05/10/2011
On #19						
05/10/2011 18:09 EST Vega, Rafael DMD	III	ICD-9	521.02	05/10/2011	Resolved	05/10/2011
On #19						
Dental caries extending into dentine						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	521.02	04/11/2011	Resolved	04/11/2011
04/11/2011 09:17 EST Young, Norman DMD	III	ICD-9	521.02	04/11/2011	Resolved	04/11/2011
Dental caries extending into dentine						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	521.02	08/16/2010	Resolved	
08/16/2010 12:37 EST Blache, Gary DMD	III	ICD-9	521.02	08/16/2010		
Cracked tooth - nontraumatic						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	521.81	05/10/2011	Resolved	11/08/2012
Non-restorable cracked tooth #19.						
11/08/2012 15:46 EST Vega, Rafael DMD	III	ICD-9	521.81	05/10/2011	Resolved	11/08/2012
Non-restorable cracked tooth #19.						
11/08/2012 15:43 EST Vega, Rafael DMD	III	ICD-9	521.81	05/10/2011	Resolved	11/08/2012
On #19						
05/27/2011 18:02 EST Vega, Rafael DMD	III	ICD-9	521.81	05/10/2011	Current	05/27/2011
On #19						

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
05/10/2011 18:26 EST Vega, Rafael DMD On #19	III	ICD-9	521.81	05/10/2011	Resolved	05/10/2011
Pulpitis						
02/23/2016 07:20 EST SYSTEM Symptoms consistent with reversible pulpitis secondary to dental caries and exposed dentin.	III	ICD-9	522.0	03/13/2012	Resolved	03/13/2012
03/13/2012 09:31 EST Young, Norman DMD Symptoms consistent with reversible pulpitis secondary to dental caries and exposed dentin.	III	ICD-9	522.0	03/13/2012	Resolved	03/13/2012
Pulpitis						
02/23/2016 07:20 EST SYSTEM Symptoms consistent with irreversible pulpitis wih acute apical periodontitis.	III	ICD-9	522.0	09/27/2011	Resolved	09/27/2011
09/27/2011 15:15 EST Young, Norman DMD Symptoms consistent with irreversible pulpitis wih acute apical periodontitis.	III	ICD-9	522.0	09/27/2011	Resolved	09/27/2011
Pulpitis						
02/23/2016 07:20 EST SYSTEM Symptoms consistent with reversible pulpitis secondary to dental caries and exposed dentin.	III	ICD-9	522.0	09/12/2011	Resolved	09/12/2011
09/12/2011 10:17 EST Young, Norman DMD Symptoms consistent with reversible pulpitis secondary to dental caries and exposed dentin.	III	ICD-9	522.0	09/12/2011	Resolved	09/12/2011
Pulpitis						
02/23/2016 07:20 EST SYSTEM Symptoms consistent with irreversible pulpitis with acute apical periodontitis.	III	ICD-9	522.0	04/18/2011	Resolved	04/18/2011
04/18/2011 13:31 EST Young, Norman DMD Symptoms consistent with irreversible pulpitis with acute apical periodontitis.	III	ICD-9	522.0	04/18/2011	Resolved	04/18/2011
Pulpitis						
02/23/2016 07:20 EST SYSTEM Symptoms consistent with reversible pulpitis secondary to gross dental caries and exposed dentin.	III	ICD-9	522.0	04/11/2011	Resolved	04/11/2011
04/11/2011 09:17 EST Young, Norman DMD Symptoms consistent with reversible pulpitis secondary to gross dental caries and exposed dentin.	III	ICD-9	522.0	04/11/2011	Resolved	04/11/2011
Acute apical periodontitis of pulpal origin						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	522.4	09/27/2011	Resolved	09/27/2011
09/27/2011 15:15 EST Young, Norman DMD	III	ICD-9	522.4	09/27/2011	Resolved	09/27/2011
Acute apical periodontitis of pulpal origin						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	522.4	04/18/2011	Resolved	04/18/2011

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
04/18/2011 13:31 EST Young, Norman DMD	III	ICD-9	522.4	04/18/2011	Resolved	04/18/2011
Chronic apical periodontitis						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	522.6	12/21/2010	Resolved	
12/21/2010 14:25 EST Blache, Gary DMD	III	ICD-9	522.6	12/21/2010		
Accretions on teeth						
02/23/2016 07:20 EST SYSTEM Heavy plaque and calculus.	III	ICD-9	523.6	09/16/2013	Resolved	09/16/2013
09/16/2013 17:00 EST Young, Norman DMD Heavy plaque and calculus.	III	ICD-9	523.6	09/16/2013	Resolved	09/16/2013
Other specified periodontal diseases						
02/23/2016 07:20 EST SYSTEM Generalized early periodontitis.	III	ICD-9	523.8	09/16/2013	Resolved	09/16/2013
09/16/2013 17:00 EST Young, Norman DMD Generalized early periodontitis.	III	ICD-9	523.8	09/16/2013	Resolved	09/16/2013
Unspecified anomaly of dental arch relationship						
02/23/2016 07:20 EST SYSTEM Hyperocclusion of tooth #19.	III	ICD-9	524.20	06/23/2011	Resolved	06/23/2011
06/23/2011 11:41 EST Young, Norman DMD Hyperocclusion of tooth #19.	III	ICD-9	524.20	06/23/2011	Resolved	06/23/2011
Centric occlusion maximum intercuspation discrep						
02/23/2016 07:20 EST SYSTEM On #18	III	ICD-9	524.55	06/27/2011	Resolved	06/27/2011
06/27/2011 15:12 EST Vega, Rafael DMD On #18	III	ICD-9	524.55	06/27/2011	Resolved	06/27/2011
Non-working side interference						
02/23/2016 07:20 EST SYSTEM On #18	III	ICD-9	524.56	11/16/2012	Resolved	11/16/2012
11/16/2012 11:42 EST Vega, Rafael DMD On #18	III	ICD-9	524.56	11/16/2012	Resolved	11/16/2012
Non-working side interference						
02/23/2016 07:20 EST SYSTEM On #19	III	ICD-9	524.56	11/01/2012	Resolved	11/01/2012
11/01/2012 14:58 EST Vega, Rafael DMD On #19	III	ICD-9	524.56	11/01/2012	Resolved	11/01/2012
Temporomandibular joint disorders, unspecified						
11/10/2016 15:07 EST Nwude, Michael MD L.	III	ICD-9	524.60	06/28/2011	Resolved	11/10/2016

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
06/28/2011 15:38 EST Nwude, Michael MD L.	III	ICD-9	524.60	06/28/2011	Current	06/28/2011
Fractured restorative material w/o loss material						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	525.63	09/12/2011	Resolved	09/12/2011
09/12/2011 10:17 EST Young, Norman DMD	III	ICD-9	525.63	09/12/2011	Resolved	09/12/2011
Fractured restorative material w/o loss material						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	525.63	04/11/2011	Resolved	04/11/2011
04/11/2011 09:17 EST Young, Norman DMD	III	ICD-9	525.63	04/11/2011	Resolved	04/11/2011
Fractured restorative material w loss material						
02/23/2016 07:20 EST SYSTEM On #18	III	ICD-9	525.64	10/25/2012	Resolved	10/25/2012
10/25/2012 16:13 EST Vega, Rafael DMD On #18	III	ICD-9	525.64	10/25/2012	Resolved	10/25/2012
Fractured restorative material w loss material						
02/23/2016 07:20 EST SYSTEM On #19	III	ICD-9	525.64	09/14/2012	Resolved	09/14/2012
09/14/2012 14:32 EST Vega, Rafael DMD On #19	III	ICD-9	525.64	09/14/2012	Resolved	09/14/2012
Inflammatory conditions of the jaw						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	526.4	12/10/2012	Resolved	12/10/2012
12/10/2012 15:01 EST Young, Norman DMD	III	ICD-9	526.4	12/10/2012	Resolved	12/10/2012
Inflammatory conditions of the jaw						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	526.4	04/16/2012	Resolved	04/16/2012
04/16/2012 09:12 EST Young, Norman DMD	III	ICD-9	526.4	04/16/2012	Resolved	04/16/2012
Inflammatory conditions of the jaw						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	526.4	04/02/2012	Resolved	04/02/2012
04/02/2012 09:13 EST Young, Norman DMD	III	ICD-9	526.4	04/02/2012	Resolved	04/02/2012
Inflammatory conditions of the jaw						
02/23/2016 07:20 EST SYSTEM Bony sequestrum in extraction site #15.	III	ICD-9	526.4	05/10/2011	Resolved	05/10/2011
05/10/2011 18:09 EST Vega, Rafael DMD Bony sequestrum in extraction site #15.	III	ICD-9	526.4	05/10/2011	Resolved	05/10/2011
Exostosis of jaw						
02/23/2016 07:20 EST SYSTEM Small bony splinter on the buccal rim of the extraction socket of recently extracted tooth #15.	III	ICD-9	526.81	08/15/2011	Resolved	08/15/2011

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
08/15/2011 14:29 EST Young, Norman DMD Small bony splinter on the buccal rim of the extraction socket of recently extracted tooth #15.	III	ICD-9	526.81	08/15/2011	Resolved	08/15/2011
Dyspepsia and other spec disorders (Stomach Pain)						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	536.8	01/30/2009	Resolved	10/29/2012
10/29/2012 10:33 EST Nwude, Michael MD	III	ICD-9	536.8	01/30/2009	Resolved	10/29/2012
01/30/2009 16:44 EST Hale, Margaret PA-C	III	ICD-9	536.8	01/30/2009	Current	01/30/2009
Microscopic hematuria						
02/23/2016 07:20 EST SYSTEM urinalysis done on 3/21/2014 sowed hematuris	III	ICD-9	599.72	03/09/2011	Resolved	10/02/2014
3/9/2011 Urine Cytology Report Review: "Inconclusive. Atypical transitional cells in tissue fragments. Differential diagnosis includes low-grade bladder tumors, stones, infectious process and instrumentation. Red blood cells are present. Infammatory cells are present."						
5/13/11 & repeat cytology: inconclusive, transitional cells present.						
10/02/2014 10:32 EST Nwude, Michael MD urinalysis done on 3/21/2014 sowed hematuris	III	ICD-9	599.72	03/09/2011	Resolved	10/02/2014
3/9/2011 Urine Cytology Report Review: "Inconclusive. Atypical transitional cells in tissue fragments. Differential diagnosis includes low-grade bladder tumors, stones, infectious process and instrumentation. Red blood cells are present. Infammatory cells are present."						
5/13/11 & repeat cytology: inconclusive, transitional cells present.						
04/07/2014 09:19 EST Neri, Emmeline MLP urinalysis done on 3/21/2014 sowed hematuris	III	ICD-9	599.72	03/09/2011	Current	04/07/2014
3/9/2011 Urine Cytology Report Review: "Inconclusive. Atypical transitional cells in tissue fragments. Differential diagnosis includes low-grade bladder tumors, stones, infectious process and instrumentation. Red blood cells are present. Infammatory cells are present."						
5/13/11 & repeat cytology: inconclusive, transitional cells present.						
06/17/2011 13:09 EST Nwude, Michael MD	III	ICD-9	599.72	03/09/2011	Remission	06/17/2011

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
3/9/2011 Urine Cytology Report Review: "Inconclusive. Atypical transitional cells in tissue fragments. Differential diagnosis includes low-grade bladder tumors, stones, infectious process and instrumentation. Red blood cells are present. Infammatory cells are present."						
05/06/2011 09:03 EST Newkirk, Ketoyia PA-C 3/9/2011 Urine Cytology Report Review: "Inconclusive. Atypical transitional cells in tissue fragments. Differential diagnosis includes low-grade bladder tumors, stones, infectious process and instrumentation. Red blood cells are present. Infammatory cells are present."	III	ICD-9	599.72	03/09/2011	Current	05/06/2011
Chronic prostatitis						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	601.1	08/14/2008	Resolved	10/29/2012
10/29/2012 10:33 EST Nwude, Michael MD	III	ICD-9	601.1	08/14/2008	Resolved	10/29/2012
10/18/2011 16:18 EST Newkirk, Ketoyia PA-C	III	ICD-9	601.1	08/14/2008	Current	10/18/2011
06/17/2011 14:18 EST Nwude, Michael MD f/u with urology	III	ICD-9	601.1	08/14/2008	Current	06/17/2011
08/14/2008 14:47 EST Hale, Margaret PA-C	III	ICD-9	601.1	08/14/2008	Remission	08/14/2008
Prostatitis, unspecified						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	601.9	06/25/2010	Resolved	06/25/2010
09/14/2010 10:44 EST Lecuire, Pascale PA-C	III	ICD-9	601.9	06/25/2010	Resolved	06/25/2010
06/25/2010 09:31 EST Sielicki, Stanislaw MLP	III	ICD-9	601.9	06/25/2010	Current	06/25/2010
Breast hypertrophy						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	611.1	03/09/2009	Resolved	05/01/2012
05/01/2012 16:12 EST Holmes, Alisha PA-C	III	ICD-9	611.1	03/09/2009	Resolved	05/01/2012
03/09/2009 14:41 EST Hale, Margaret PA-C	III	ICD-9	611.1	03/09/2009	Current	03/09/2009
Ankle, foot- Pain in joint						
03/09/2016 15:06 EST Adkins, Jennifer FNP-C	III	ICD-9	719.47	12/09/2013	Resolved	03/09/2016
12/09/2013 12:09 EST Adkins, Jennifer FNP-C	III	ICD-9	719.47	12/09/2013	Current	12/09/2013
Backache, unspecified						
02/23/2016 07:20 EST SYSTEM R/O stone	III	ICD-9	724.5	03/09/2009	Resolved	03/09/2009
09/14/2010 10:44 EST Lecuire, Pascale PA-C R/O stone	III	ICD-9	724.5	03/09/2009	Resolved	03/09/2009
03/09/2009 14:41 EST Hale, Margaret PA-C	III	ICD-9	724.5	03/09/2009	Current	03/09/2009

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
R/O stone						
Dizziness and giddiness						
02/23/2016 07:20 EST SYSTEM Dizziness etiology?	III	ICD-9	780.4	03/26/2012	Resolved	04/13/2012
04/13/2012 15:17 EST Holmes, Alisha PA-C Dizziness etiology?	III	ICD-9	780.4	03/26/2012	Resolved	04/13/2012
03/26/2012 09:26 EST Neri, Emmeline MLP Dizziness etiology?	III	ICD-9	780.4	03/26/2012	Current	03/26/2012
Cough						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	786.2	08/20/2010	Resolved	08/20/2010
09/14/2010 10:44 EST Lecuire, Pascale PA-C	III	ICD-9	786.2	08/20/2010	Resolved	08/20/2010
08/20/2010 11:20 EST Lecuire, Pascale PA-C	III	ICD-9	786.2	08/20/2010	Current	08/20/2010
Impaired glucose tolerance test (oral)						
03/09/2016 15:06 EST Adkins, Jennifer FNP-C Obtain fasting glucose/HbA1c	III	ICD-9	790.22	12/21/2010	Resolved	03/09/2016
06/17/2011 14:18 EST Nwude, Michael MD Obtain fasting glucose/HbA1c	III	ICD-9	790.22	12/21/2010	Current	06/17/2011
12/21/2010 15:17 EST Lecuire, Pascale PA-C	III	ICD-9	790.22	12/21/2010	Current	12/21/2010
Broken tooth traumatic w/o mention of complication						
02/23/2016 07:20 EST SYSTEM On #29	III	ICD-9	873.63	08/05/2011	Resolved	08/05/2011
08/05/2011 10:39 EST Vega, Rafael DMD On #29	III	ICD-9	873.63	08/05/2011	Resolved	08/05/2011
Viral wart						
11/10/2016 15:07 EST Nwude, Michael MD plantar; right foot		ICD-10	B079	03/09/2016	Resolved	11/10/2016
03/09/2016 15:27 EST Adkins, Jennifer FNP-C plantar; right foot		ICD-10	B079	03/09/2016	Current	
Dermatophytosis [tinea, ringworm]						
11/10/2016 15:07 EST Nwude, Michael MD Bilateral great toenails		ICD-10	B359	10/31/2016	Resolved	11/10/2016
10/31/2016 15:22 EST Adkins, Jennifer FNP-C Bilateral great toenails		ICD-10	B359	10/31/2016	Current	
Repair partial denture						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	D5610	10/28/2014	Resolved	10/28/2014
10/28/2014 16:50 EST Vega, Rafael DMD	III	ICD-9	D5610	10/28/2014	Resolved	10/28/2014

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Dental caries on smooth surface penetrating into dentin						
04/10/2018 16:18 EST Vega, Rafael DMD On #5		ICD-10	K0262	04/10/2018	Resolved	04/10/2018
Dental caries						
08/01/2017 16:50 EST Young, Norman DMD		ICD-10	K029	08/01/2017	Resolved	08/01/2017
Abrasion of teeth						
04/10/2018 16:18 EST Vega, Rafael DMD On #5		ICD-10	K031	04/10/2018	Resolved	04/10/2018
Unsatisfactory restoration of tooth						
08/01/2017 16:50 EST Young, Norman DMD		ICD-10	K0850	08/01/2017	Resolved	08/01/2017
Fractured dental restorative material with loss of material						
03/19/2019 15:15 EST Vega, Rafael DMD On #18		ICD-10	K08531	03/19/2019	Resolved	03/19/2019
Pain in unspecified joint						
08/03/2017 13:39 EST Nwude, Michael MD right shoulder		ICD-10	M2550	03/23/2017	Resolved	08/03/2017
03/23/2017 11:44 EST Adkins, Jennifer FNP-C right shoulder		ICD-10	M2550	03/23/2017	Current	
Fitting and adjust of dental prosthetic device						
12/17/2018 12:15 EST Vega, Rafael DMD Lower acrylic partial adjustment.	III	ICD-9	V52.3	12/17/2018	Resolved	03/06/2014
03/06/2014 14:40 EST Young, Norman DMD	III	ICD-9	V52.3	03/06/2014	Resolved	03/06/2014
12/03/2013 09:08 EST Young, Norman DMD	III	ICD-9	V52.3	12/03/2013	Resolved	12/03/2013
10/30/2013 16:22 EST Young, Norman DMD	III	ICD-9	V52.3	10/29/2013	Resolved	10/29/2013
10/08/2013 10:18 EST Young, Norman DMD	III	ICD-9	V52.3	10/08/2013	Resolved	10/08/2013
09/24/2013 16:28 EST Young, Norman DMD	III	ICD-9	V52.3	09/24/2013	Resolved	09/24/2013
09/16/2013 17:00 EST Young, Norman DMD	III	ICD-9	V52.3	09/16/2013	Resolved	09/16/2013
Other specified aftercare following surgery						
02/23/2016 07:20 EST SYSTEM Extraction site #15.	III	ICD-9	V58.49	06/02/2011	Resolved	06/02/2011
06/02/2011 17:22 EST Vega, Rafael DMD Extraction site #15.	III	ICD-9	V58.49	06/02/2011	Resolved	06/02/2011
Dental examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.2	09/11/2013	Resolved	09/11/2013
09/11/2013 13:06 EST Young, Norman DMD	III	ICD-9	V72.2	09/11/2013	Resolved	09/11/2013
11/19/2012 11:55 EST Vega, Rafael DMD	III	ICD-9	V72.2	11/19/2012	Resolved	11/19/2012

<u>Description</u>	<u>Axis</u>	<u>Code Type</u>	<u>Code</u>	<u>Diag. Date</u>	<u>Status</u>	<u>Status Date</u>
Pt. was reassured extraction site #19 is healing WNL.						
Dental examination						
02/23/2016 07:20 EST SYSTEM No pathology found on #21.	III	ICD-9	V72.2	05/22/2012	Resolved	05/22/2012
05/22/2012 16:05 EST Vega, Rafael DMD No pathology found on #21.	III	ICD-9	V72.2	05/22/2012	Resolved	05/22/2012
Dental examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.2	12/12/2011	Resolved	12/12/2011
12/12/2011 14:17 EST Young, Norman DMD	III	ICD-9	V72.2	12/12/2011	Resolved	12/12/2011
Dental examination						
02/23/2016 07:20 EST SYSTEM	III	ICD-9	V72.2	08/22/2011	Resolved	08/22/2011
08/22/2011 12:44 EST Young, Norman DMD	III	ICD-9	V72.2	08/22/2011	Resolved	08/22/2011

Current

Idiopathic peripheral autonomic neuropathy, unspec

07/29/2014 16:02 EST Adkins, Jennifer FNP-G --will discontinue	III	ICD-9	337.00	07/29/2014	Current	07/29/2014
07/29/2014 11:24 EST Adkins, Jennifer FNP-C	III	ICD-9	337.00	07/29/2014	Current	07/29/2014

Total: 93

Exhibit F

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 09/19/2019 10:07

Sex: M Race: BLACK
Provider: Meyer, Caleb APRN-CNP

Reg #: 00270-131
Facility: BUF
Unit: W01

Mid Level Provider - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Meyer, Caleb APRN-CNP

Chief Complaint: Abdominal Pain

Subjective: 69 y/o male reports 1 month history of diarrhea, incontinence, and epigastric abdominal pain. Reports the epigastric pain has been ongoing for 2-3 months and has been gradually getting worse. Has yellow loose stools that occur 2-3 times per day, loose to watery. Reports incontinence occurs every few days. Had normal colonoscopy 2011 and egd in 2011 that showed mild gastritis.

Pain: Yes

Pain Assessment

Date: 09/19/2019 10:15
Location: Abdomen - Epigastric
Quality of Pain: Aching
Pain Scale: 6
Intervention: see note
Trauma Date/Year:
Injury:
Mechanism:
Onset: 2-6 Months
Duration: <30 Minutes
Exacerbating Factors: activity of any kind
Relieving Factors: rest
Reason Not Done:
Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/19/2019	10:10 BUX	98.1	36.7		Meyer, Caleb APRN-CNP

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/19/2019	10:10 BUX	51			Meyer, Caleb APRN-CNP

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/19/2019	10:10 BUX	16	Meyer, Caleb APRN-CNP

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/19/2019	10:10 BUX	124/75				Meyer, Caleb APRN-CNP

SaO2:

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 09/19/2019 10:07

Sex: M Race: BLACK
Provider: Meyer, Caleb APRN-CNP

Reg #: 00270-131
Facility: BUF
Unit: W01

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/19/2019	10:10 BUX	100		Meyer, Caleb APRN-CNP

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
09/19/2019	10:10 BUX	175.0	79.4		Meyer, Caleb APRN-CNP

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3
No: Appears Distressed

Skin

General

Yes: Dry, Skin Intact, Warmth

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2
No: M/R/G

Peripheral Vascular

General

No: Varicosities, Non-Pitting Edema, Pitting Edema

Abdomen

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft
No: Guarding, Rigidity, Tenderness on Palpation

ASSESSMENT:

Diarrhea, unspecified, R197 - Current

Unspecified abdominal pain, R109 - Current - *epigastric pain*

PLAN:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	09/20/2019 00:00	Routine
Lab Tests - Short List-General-TSH			
Lab Tests - Short List-General-T4, Free			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			
Lab Tests-U-Urinalysis w/Reflex to Microscopic			

Labs requested to be reviewed by: Reddy, Edavally M.D.

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
-------------------------------	--------------------	------------------------------	-----------------	-------------------	-----------------

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 09/19/2019 10:07

Sex: M Race: BLACK
Provider: Meyer, Caleb APRN-CNP

Reg #: 00270-131
Facility: BUF
Unit: W01

Gastroenterology 10/04/2019 10/04/2019 Urgent No

Subtype:

Inhouse Clinic

Reason for Request:

69 y/o male with 2 month history of vague epigastric pain, 1-2 month of bowel changes with diarrhea and incontinence. Please consider for EGD and colonoscopy. Had colonoscopy in 2011 and EGD in 2011 that show mild gastritis.

Provisional Diagnosis:

diarrhea, epigastric pain, bowel pattern changes.

New Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Adult Diapers	Every 2 weeks	90 days	please issue one package. Large	Meyer, Caleb APRN-CNP

Order Date: 09/19/2019

Disposition:

Follow-up at Sick Call as Needed
Follow-up at Chronic Care Clinic as Needed
Return Immediately if Condition Worsens
Return To Sick Call if Not Improved

Other:

- Bowel pattern changes and persistent epigastric pain. Urgent referral to GI made. Advised on increasing fiber and fluids in diet. Will issue adult diapers. CBC, cmp, and UA obtain. Normal physical exam. Return to sick call for new, worsening symptoms.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/19/2019	Counseling	Access to Care	Meyer, Caleb	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Meyer, Caleb APRN-CNP on 09/19/2019 10:41

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 09/16/2019 08:08

Sex: M Race: BLACK
Provider: Ashe, Natasha RN

Reg #: 00270-131
Facility: BUF
Unit: W01

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Ashe, Natasha RN

Chief Complaint: Abdominal Pain

Subjective: "My stomach is swollen and I poop when I pass gas."

Pain: Yes

Pain Assessment

Date: 09/16/2019 08:08

Location: Abdomen-LUQ

Quality of Pain: Sharp

Pain Scale: 6

Intervention: sick call

Trauma Date/Year:

Injury:

Mechanism:

Onset: <30 Minutes

Duration: <30 Minutes

Exacerbating Factors: "When I do a lot of moving around it is worse, but it hurts regardless."

Relieving Factors: "Nothing"

Reason Not Done:

Comments:

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/16/2019	08:07 BUX	98.7	37.1	Oral	Ashe, Natasha RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/16/2019	08:07 BUX	73	Via Machine		Ashe, Natasha RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/16/2019	08:07 BUX	18	Ashe, Natasha RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/16/2019	08:07 BUX	115/74	Right Arm	Sitting	Adult-regular	Ashe, Natasha RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
09/16/2019	08:07 BUX	97	Room Air	Ashe, Natasha RN

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 09/16/2019 08:08

Sex: M Race: BLACK
Provider: Ashe, Natasha RN

Reg #: 00270-131
Facility: BUF
Unit: W01

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
-------------	-------------	-----------------	------------	-----------------

ASSESSMENT:

Pain - Abdominal

Inmate seen in sick-call for report of 6/10 sharp LUQ pain, that he reported started one month ago. Upon assessment, his abdomen is non-distended, non-tender to touch at this time. He reported incontinence of stool with flatulence for the past month. He denies taking any medication for the pain, or loose stools. He reported loose stool ranges from liquid to small solid chunks and the incontinence only occurs at night. He reported it will awaken him from his sleep. He reported the abdominal pain radiates to right flank. Inmate denies having a change in his appetite and he denies N/V at this time. Bowel sounds are present x4.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/16/2019	Counseling	Plan of Care	Ashe, Natasha	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Ashe, Natasha RN on 09/16/2019 08:14

Requested to be reviewed by Meyer, Caleb APRN-CNP.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 09/16/2019 08:08

Sex: M
Provider: Ashe, Natasha RN

Reg #: 00270-131
Race: BLACK
Facility: BUF

Reviewed by Meyer, Caleb APRN-CNP on 09/18/2019 15:00.

Exhibit G

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 02/12/2019 12:46

Sex: M Race: BLACK
Provider: Padgett, Matthew APRN-

Reg #: 00270-131
Facility: BUF
Unit: W01

Psychiatry - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Padgett, Matthew APRN-BC

Chief Complaint: Behavioral Health Problem

Subjective: 2/12/2019- Case review and note review. Overall doing well he denies SI, HI, AVH's. Overall mood is stable, he reports he is sleeping well, insight and judgment is good, will continue current regimen.

Pain: Not Applicable

OBJECTIVE:

Exam:

Mental Health

Posture

Yes: Upright

Grooming/Hygiene

Yes: Appropriate Grooming

Facial Expressions

Yes: Appropriate Expression

Affect

Yes: Appropriate

Speech/Language

Yes: Appropriate

Mood

Yes: Appropriate

Thought Process

Yes: Appropriate

Thought Content

Yes: Appropriate

Perceptions

Yes: Appropriate

Orientation

Yes: Appropriate, Alert and Oriented x 3

Attention

Yes: Appropriate

Exam Comments

Denies SI, HI, AVH's. Overall mood is reported as good, will continue current regimen.

ASSESSMENT:

Anxiety disorder, F419 - Current

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 02/12/2019 12:46

Sex: M Race: BLACK
Provider: Padgett, Matthew APRN-

Reg #: 00270-131
Facility: BUF
Unit: W01

PLAN:

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
1455435-BUX	Sertraline HCl 25 MG Tab	02/12/2019 12:46	Take three tablets (75 MG) by mouth each day *consent form on file * x 365 day(s)

Indication: Anxiety disorder

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Psychiatry Follow Up	07/15/2019 00:00	MLP Psych

Disposition:

Follow-up in 6 Months

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
02/12/2019	Counseling	Access to Care	Padgett, Matthew	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Padgett, Matthew APRN-BC on 02/12/2019 12:53

Exhibit H

LSCI BUTNER

From: BUF/InmateToMedicalRecords
To: ^!MATTHEW ^!DAVIS
Date: 6/3/2019 8:51 AM
Subject: 1b0e08ca-1f83-426e-82d6-a913b37b3888

You will be re-scheduled at some point later in the week and the time is usually 0930, watch the call-out.

>>> ^!"DAVIS, ^!MATTHEW" <00270131@inmatemessage.com> 5/31/2019 11:50 PM >>>

To: clerk

Inmate Work Assignment: CCS/AM

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

1b0e08ca-1f83-426e-82d6-a913b37b3888

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

I beg you please to forgive me for missing my 8:30 callout for records.I'm having a hard time after 23 years in prison.and after the death of my wife and father over the last year ended up on antidepressants.which for some reason don't really kick in til early in the morning.and I forgot to ask my cellie to make sure I was up at 8 to be there at 8:30.if you would please let me stop by after lunch on monday so the you don't have to put me back on call out.thank you.

Exhibit I

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 04/01/2019 08:00

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Reviewed Health Status: Yes

Sick Call Visit encounter performed at Dental Clinic.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Vega, Rafael DMD

Chief Sensitivity

Subjective: "The tooth that was filled recently is very sensitive." (Pt. points to #18)

Pain Location: Tooth/Teeth

Pain Scale: 8

Pain Sensitivity

History of Trauma:

Onset: Several Days Ago

Duration: <1 Minute

Exacerbating Factors: Hot drinks

Relieving Factors: Avoiding the above.

Comments:

COMPLAINT 2 **Provider:** Vega, Rafael DMD

Chief Denture Irritation

Subjective: "Can't chew food with my lower partial 'cause it's still hurting my gums."

Pain Location: Gums

Pain Scale: 8

Pain Pinching | Rubbing

History of Trauma:

Onset: Several Days Ago

Duration: Several Days

Exacerbating Factors: Chewing with the partial in the mouth.

Relieving Factors: Removing it.

Comments:

OBJECTIVE:

Dental Findings:

Tooth

#18

Defective Restoration (Radiological Observation/Findings)(no)

Surface: Mesial, Occlusal

Defective/Lost Restoration (Clinical Observation/Findings)(no)

Surface: Mesial, Occlusal

Plaque Present (Clinical Observation/Findings)(yes)

Sensitive to Provoking Stimuli (Clinical Observation/Findings)(yes)

Intact "MO" glass ionomer Fuji-IX temporary rest on #18. (++) to air water spray on buccal and mesial surfaces only, (-) to percussion. Pt. presented a lot of plaque accumulation around this tooth. Despite

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 04/01/2019 08:00

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Dental Findings:

localized scaling and repeated applications of "Gluma" desensitizer, no improvement in sensitivity was noticed so a decision was made to replace the temp. restoration with a permanent amalgam.

Prosthesis/Appliance

General

Ill-fitting Prosthesis (Clinical Observation/Findings)

Lower Arch(yes)

Unsatisfactory Prosthesis (Clinical Observation/Findings)

Lower Arch(yes)

Despite an extended period of clinical time dedicated to adjusting these old (2013) lower acrylic partials, pt. was never satisfied with them. Therefore they were judged non-restorable, removed from the mouth and disposed of. Pt. was informed he will need to wait for his name to come up in the National Waiting List in order to start the process of requesting a new one.

ASSESSMENTS:

Disease of hard tissues of teeth, K039 - Current - On #18

Dental Anesthesia

Type	Location	Amount
Articaine 4% 1:100,000 epinephrine	Inferior Alveolar/Mandibular Block	2 Cartridges
Articaine 4% 1:100,000 epinephrine	Infiltration	1 Cartridge

PROCEDURE:

Dental Procedures

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
#18	Periapical Radiograph	Completed
#18	Examination, Limited	Completed
#18-MO	Amalgam Restoration	Completed
Temporary restoration removed, "Gluma" desensitizer applied, restored with amalgam, occlusion checked.		
#18	Periodontal scaling around 1-3 teeth	Completed
#18	Desensitizing Application	Completed
"Gluma" applied before amalgam restoration was placed and Duraflor gel applied to all the crown surfaces after placement of restoration.		
Mandibular	Denture/Partial Adjustment	Completed
Despite an extended period of clinical time dedicated to adjusting these old (2013) lower acrylic partials, pt. was never satisfied with them. Therefore they were judged non-restorable, removed from the mouth and disposed of. Pt. was informed he will need to wait for his name to come up in the National Waiting List in order to start the process of requesting a new one.		

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 04/01/2019 08:00

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
04/01/2019	Counseling	Diagnosis	Vega, Rafael	Verbalizes Understanding
04/01/2019	Counseling	Treatment Goals	Vega, Rafael	Verbalizes Understanding
04/01/2019	Counseling	Other	Vega, Rafael	Attentive

National Waiting List procedures explained.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Vega, Rafael DMD on 04/01/2019 16:41

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name:	DAVIS, MATTHEW	Reg #:	00270-131
Date of Birth:	04/25/1950	Sex:	M
		Race:	BLACK
Encounter Date:	03/29/2019 08:00	Facility:	BUF
		Provider:	Vega, Rafael DMD
		Unit:	W01

Sick Call Visit encounter at Dental Clinic.

Reason Not Done: No Show

Comments: Pt. had signed up for dental sick-call today. When he was called in by the assistant during the morning sick-call session to take x-ray of tooth/teeth pt. was complaining about he was not present in the Health Services waiting room. He returned later in the morning asking to be seen. He was informed he had been called in and was not present, therefore he will have to sign up again on a future sick-call.

Cosign Required: No

Completed by Vega, Rafael DMD on 03/29/2019 16:16.

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 03/19/2019 08:30

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Reviewed Health Status: Yes

Sick Call Visit encounter performed at Dental Clinic.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Vega, Rafael DMD

Chief Broken Filling

Subjective: "The filling in this tooth broke."(Pt. points to #18)

Pain Location: Tooth/Teeth

Pain Scale: 5

Pain Sensitivity

History of Trauma:

Onset: Several Days Ago

Duration: Several Days

Exacerbating Factors: Eating/drinking

Relieving Factors: Avoiding that side.

Comments:

COMPLAINT 2 **Provider:** Vega, Rafael DMD

Chief Denture Adjustment Needed

Subjective: "My lower partial will need some adjustment."

Pain Location: Lower Jaw

Pain Scale: 3

Pain Rubbing | Irritation

History of Trauma:

Onset: Several Days Ago

Duration: Several Days

Exacerbating Factors: Chewing with the partial in.

Relieving Factors: Removing it.

Comments:

OBJECTIVE:

Dental Findings:

Tooth

#18

Defective Restoration (Radiological Observation/Findings)(yes)

Surface: Mesial, Occlusal

Defective/Lost Restoration (Clinical Observation/Findings)(yes)

Surface: Mesial, Occlusal

Prosthesis/Appliance

General

Ill-fitting Prosthesis (Clinical Observation/Findings)

Lower Arch(yes)

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 03/19/2019 08:30

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Dental Findings:

ASSESSMENTS:

Fitting and adjust of dental prosthetic device, V52.3 - Resolved

Fractured dental restorative material with loss of material, K08531 - Resolved - *On #18*

Dental Anesthesia

Type	Location	Amount
Articaine 4% 1:100,000 epinephrine	Inferior Alveolar/Mandibular Block	1 Cartridge
Articaine 4% 1:100,000 epinephrine	Infiltration	1 Cartridge

PROCEDURE:

Dental Procedures

Materials Discussed: yes

Radiograph(s) Reviewed: yes

Dental Procedures In Process/Completed During This Encounter

Tooth/Area	Procedure	Status
#18	Periapical Radiograph	Completed
#18	Examination, Limited	Completed
#18-MO	Provisional Restorative Material	Completed
Defective restoration removed, restored with Fuji-IX, occlusion checked.		
Mandibular	Denture/Partial Adjustment	Completed
Lower partial denture adjusted until pt. felt comfortable and delivered to pt. with instructions on proper use/care.		

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated	Format	Handout/Topic	Provider	Outcome
03/19/2019	Counseling	Diagnosis	Vega, Rafael	Verbalizes Understanding
03/19/2019	Counseling	Treatment Goals	Vega, Rafael	Verbalizes Understanding

Copay Required: Yes

Cosign Required: No

Telephone/Verbal Order: No

Completed by Vega, Rafael DMD on 03/19/2019 15:17

**Bureau of Prisons
Health Services
Dental Soap/Admin Encounter**

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/24/2019 11:00

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Reviewed Health Status: Yes

Sick Call Visit encounter performed at Dental Clinic.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Vega, Rafael DMD

Chief Denture Adjustment Needed

Subjective: "My lower partial will need some more adjustment because it is still pressing down on my gums in a couple of spots."

Pain Location: Gums

Pain Scale: 2

Pain Rubbing | Pressure

History of Trauma:

Onset: Several Days Ago

Duration: <30 Minutes

Exacerbating Factors: Eating with the partial in the mouth.

Relieving Factors: Removing it.

Comments:

OBJECTIVE:

Dental Findings:

Prosthesis/Appliance

General

Ill-fitting Prosthesis (Clinical Observation/Findings)

Lower Arch(yes)

ASSESSMENTS:

Fitting and adjust of dental prosthetic device, V52.3 - Resolved

PROCEDURE:

Dental Procedures

Materials Discussed: yes

Dental Procedures In Process/Completed During This Encounter

<u>Tooth/Area</u>	<u>Procedure</u>	<u>Status</u>
Mandibular	Examination, Limited	Completed
Mandibular-l	Denture/Partial Adjustment	Completed
Lower partial denture adjusted until pt. felt comfortable.		

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Inmate Name: DAVIS, MATTHEW
Date of Birth: 04/25/1950
Encounter Date: 01/24/2019 11:00

Sex: M Race: BLACK
Provider: Vega, Rafael DMD

Reg #: 00270-131
Facility: BUF
Unit: W01

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
01/24/2019	Counseling	Diagnosis	Vega, Rafael	Verbalizes Understanding
01/24/2019	Counseling	Dental Appliance Care	Vega, Rafael	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Vega, Rafael DMD on 01/24/2019 16:20

Exhibit J




**U.S. Department of Justice
Federal Bureau of Prisons**

*Federal Correctional Complex
Low Security Correctional Institution*

*P.O. Box 999
Butner, NC 27509*

DATE: April 14, 2017

FROM: 
Dr. Nwude, M.D.

SUBJECT: Reduction in Sentence
Davis, Matthew: # 00270-131

Medical Staff reviewed the request for Reduction in Sentence to determine whether the inmate identified meets the guidelines for a Reduction of Sentence under one of the following:

Terminal with Medical Conditions

RIS consideration may be given to inmates who have been diagnosed with a terminal, incurable disease and whose life expectancy is eighteen (18) months or less. The BOP's consideration should include assessment of the primary (terminal) disease, prognosis, impact of other serious medical conditions of the inmate, and degree of functional impairment (if any). Functional impairment (e.g., limitations on activities of daily living such as feeding and dressing oneself) is not required for inmates diagnosed with terminal medical conditions; however, functional impairment may be a factor when considering the inmate's ability or inability to reoffend.

Debilitated with Medical Conditions

RIS consideration may also be given to inmates who have an incurable, progressive illness or who have suffered a debilitating injury from which they will not recover. The BOP should consider a RIS if the inmate is:

- Completely disabled, meaning the inmate cannot carry on any self-care and is totally confined to a bed or chair; or
- Capable of only limited self-care and is confined to a bed or chair more than 50% of waking hours.

Reference: *Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g)*

X Elderly with Medical Conditions. Inmates who fit the following criteria:

- Age 65 and older.
- Suffer from chronic or serious medical conditions related to the aging process.
- Experiencing deteriorating mental or physical health that substantially diminishes their ability to function in a correctional facility.
- Conventional treatment promises no substantial improvement to their mental or physical condition.
- Have served at least 50% of their sentence.

Additionally, for inmates in this category, the BOP should consider the following factors when evaluating the risk that an elderly inmate may reoffend:

- The age at which the inmate committed the current offense.
- Whether the inmate suffered from these medical conditions at the time the inmate committed the offense.
- Whether the inmate suffered from these medical conditions at the time of sentencing and whether the Presentence Investigation Report (PSR) mentions these conditions.
- Suffer from chronic or serious medical conditions related to the aging process.
- Is experiencing deteriorating mental or physical health that substantially diminishes their ability to function in a correctional facility.
- Have medical conditions for which conventional treatment promises no substantial improvement to their mental or physical condition.

The inmate identified has (1) or more of the following conditions:

- ☐ Atherosclerotic cardiovascular disease
- ☐ Obstructive and restrictive lung diseases
- ☐ Dementias such as Alzheimer, Lewy body dementia (LBD), and frontotemporal dementia
- ☐ Complications of infectious diseases such as HIV dementia or progressive multifocal leukoencephalopathy
- ☐ Degenerative neurological diseases such as ALS, Parkinson, and Huntington disease, and certain forms of multiple sclerosis
- ☐ Severe chronic pain that persists despite optimal medical management
- ☐ Chronic liver failure with recurring ascites or encephalopathy (with no possibility of transplantation)
- ☐ Chronic renal failure stage 4 or 5 (with no possibility of transplantation)
- ☐ Rheumatologic conditions that have progressed to deformity, such as rheumatoid arthritis, gout, and ankylosing spondylitis
- ☒ Diabetes mellitus, either Type 1 diabetes or Type 2, with established retinopathy, nephropathy, or peripheral neuropathy
- ☐ Severe musculoskeletal degeneration, such as end-stage osteoarthritis
- ☒ Other, Specify:

X Medical Summary:

Primary Diagnosis:

Hypertrophic Cardiomyopathy s/p AICD placement on 8/23/16 for prevention of sudden cardiac death because of his Hypertrophic Cardiomyopathy and nonsustained VT.

Secondary Diagnosis:

Hypertension

Benign Prostate Hyperplasia s/p TURP in 2000

Allergic Rhinitis

Mr Matthew Davis is 66 years old with Hypertrophic Cardiomyopathy, stable clinically and on 08/23/16 he had AICD placement for prevention of sudden cardiac death because of his Hypertrophic Cardiomyopathy and nonsustained ventricular tachycardia. He also has a diagnosis of hypertension and allergic rhinitis which are well controlled on his control medications. In 2000 he had transurethral resection of prostate (TURP) for enlarged prostate gland possibly with infection. Since then he has had episodes of prostate gland infection with elevation of his PSA level. These episodes have been controlled with antibiotics and anti-inflammatory agent and he has remained under urologic care for that. His Hypertrophic Cardiomyopathy is permanent and even though it is stable at the present time it is expected to deteriorate over time with diminution in his ability to function in a correctional facility. In addition, conventional treatment promises no substantial improvement to this physical condition.

 X Medical staff determined that the inmate identified **DOES** have one or more of the above conditions and his condition(s) are permanent, progressive, and deteriorating. This inmate's condition(s) have substantially diminished his ability to function in a correctional facility.

 Medical staff determined that the inmate identified does have one or more of the above conditions, however he **DOES NOT** meet the criteria for permanent, progressive, and deteriorating nor substantially diminished ability to function in a correctional facility.

Reference: *Program Statement Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), Section (4)(b), Elderly Inmates with Medical Conditions.*

cc: Warden
 AW
 Medical Records
 Unit Team

Exhibit K

Amherst Theological Seminary

The Board of Trustees, upon the recommendation of the Faculty,
hereby confers upon

Matthew Davis

the degree of
Associate of Bible

with all rights and privileges appertaining
thereunder in which we have affixed our

signatures and the seal of the Seminary on this

Twentieth day of August, in the Year of Our Lord

two thousand five.


William M. D. [Signature]
President

[Signature]
Chancellor

Madison Heights, Virginia

This institution is exempt from the maintenance of Virginia state accounts

Exhibit B

Exhibit L

Exhibit D



U.S. Department of Justice
Federal Bureau of Prisons

ADMINISTRATIVE UNITED STATES
PENITENTIARY

1100 One Mile Road
P.O. Box 490
Thomson, IL 61285

April 22, 2015

TO WHOM IT MAY CONCERN

From: R. Helbig, Supervisory Chaplain

Subject: Inmate M. Davis, 00270-131

Inmate Davis requested a letter of referral.

Mr. Davis worked under my supervision in a medium security institution between 2003 and 2006. He served in two roles. As a chapel orderly, Mr. Davis was responsible for sanitation and facilitation of a library and video viewing area. As a fellow Christian, Mr. Davis served as a respected member of an informal leadership team guided by the Chaplain. Mr. Davis complied with all directives and performed his work satisfactorily. However, his greatest contribution was as a mentor to fellow Christian inmates with less maturity. Mr. Davis regularly informed the Chaplain about pastoral needs in the community, helped resolve tensions among peers, and provided guidance to others. At no time did Mr. Davis ever pose a danger or threat to anyone in my experience. I never observed conduct to suggest that Mr. Davis would misuse freedom should he be released to the community. Instead, Mr. Davis was known for his quiet demeanor and religious sincerity, and I believe that following his long incarceration he will value freedom greatly and make any effort needed to avoid its loss.

I have written numerous letters of commendation during thirteen years of chaplaincy. Each of them was objective and sought to avoid the bias sometimes ascribed to chaplains. I have no reservations about Matthew Davis' sincerity to use his freedom, should be it restored early, in a manner which would be a credit to his Lord Jesus Christ, to his family, and to the community at large.

Exhibit M

AUG 11

INCIDENT REPORT CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Part I - Incident Report

1. Institution: LSCI BUTNER			
2. Inmate's Name DAVIS, MATTHEW	3. Register Number 00270-131	4. Date of Incident 03/11/2014	5. Time 8:15 am
6. Place of Incident WAKE A UNIT	7. Assignment W02-028L	8. Unit WAKE UNIT	
9. Incident BEING UNSANITARY OR UNTIDY		10. Prohibited Act Code(s) 330	

11. Description Of Incident (Date: 03/11/2014 Time: 8:15 am Staff became aware of incident)
 On March 11, 2014 at approximately 8:15 am while conducting routine cubicle sanitation inspection Unit Manager Harris noticed cubicle - 028 to be unsanitary and untidy. Stuff on lockers, excessive property stored under bunk and outside of the inmate's assigned locker. A Town Hall meeting was conducted on March 6, 2014 instructing inmates on how the rooms needed to be organized. Instructions were also left on the bulletin board inside the housing unit.

12. Typed Name/Signature of Reporting Employee <u>Walter Harris / Walter Harris</u>		13. Date And Time <u>3/11/14 3:25 pm</u>	
14. Incident Report Delivered to Above Inmate By (Type Name/Signature) <u>P. Lugo</u>	15. Date Incident Report Delivered <u>3/11/14</u>	16. Time Incident Report Delivered <u>7:00 PM</u>	

Part II - Committee Action

17. Comments of Inmate to Committee Regarding Above Incident
He stated that believed that he was treated unjustly.
He has a good history.

18. A. It is the finding of the committee that you: <input type="checkbox"/> Committed the Prohibited Act as charged. <input checked="" type="checkbox"/> Did not Commit a Prohibited Act. <input checked="" type="checkbox"/> Committed Prohibited Act Code(s) <u>330</u>	B. <input type="checkbox"/> The Committee is referring the Charge(s) to the DHO for further Hearing. C. <input checked="" type="checkbox"/> The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days.
---	--

19. Committee Decision is Based on Specific Evidence as Follows:
Based on writer's account, UDC finds him guilty as charged.

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act)
60 Days Commissary TO start 02/12/14 - 5/11/14
60 Days telephone
60 Days email

21. Date And Time Of Action 3/11/14 / 9:00 am (The UDC Chairman's signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings.)

<u>B. Jackson</u> Chairman (Typed Name/Signature)	<u>[Signature]</u> Member (Typed Name)	<u>[Signature]</u> Member (Typed Name)
--	---	---

INSTRUCTIONS: All items outside heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.
 DISTRIBUTE: ORIGINAL-Central File record; COPY-1- DHO; COPY-2- Inmate After UDC Action; COPY-3- Inmate within 24 hours of Part I Preparation.

Part III - Investigation

22. Date And Time Investigation Began

23. Inmate Advised Of Right To Remain Silent: You are advised of your right to remain silent at all stages of the discipline process. Your silence may be used to draw an adverse inference against you at any stage of the discipline process. Your silence alone may not be used to support a finding that you have committed a prohibited act.

The Inmate Was Advised Of The Above Right By Lt. Lugo At (Date/time) 3/11/14 1900

24. Inmate statement and attitude

25. Other facts about the incident, statements of those persons present at scene, disposition of evidence, etc.

26. Investigator's comments and conclusions

27. Action taken

Date and Time Investigation Completed _____

Printed Name/Signature Of Investigator _____ Title _____

Part III - Investigation

22. Date And Time Investigation Began
3/11/2014 7:00 pm

23. Inmate Advised Of Right To Remain Silent: You are advised of your right to remain silent at all stages of the discipline process. Your silence may be used to draw an adverse inference against you at any stage of the discipline process. Your silence alone may not be used to support a finding that you have committed a prohibited act.

The Inmate Was Advised Of The Above Right By P. Lugo At (Date/time) 3/11/14 19:00

24. Inmate statement and attitude

Inmate was advised of his rights and acknowledged them.

No statement was made.

Inmate inmate maintained a good attitude.

25. Other facts about the incident, statements of those persons present at scene, disposition of evidence, etc.

None.

26. Investigator's comments and conclusions

Due to the information given on part 11 of the incident report, in which the inmate was given time and instructions and was advise through a town hall meeting to prepare and properly maintain the indicated sanitary standards. Failing to me such standards if find the incident warranted has written.

27. Action taken

Forward t UDC for further disposition.

Date and Time Investigation Completed 3/11/2014 7:15 pm

Printed Name/Signature Of Investigator P. Lugo

Title Lieutenant



U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

1. Name of Institution

FCI Butner

Incident Report Number

973774

Part I - Incident Report

2. Name of Inmate

3. Register Number

4. Date of Incident

5. Time

Davis, Matthew

00270-131

March 15, 2002

4:08pm

6. Place of Incident

7. Assignment

8. Unit

Duke Unit

Recreation

Duke

9. Incident

Being in an unauthorized area
Interfering with the taking of count

10. Code

316

321

11. Description of Incident

Date:

03/15/02

Time:

4:08pm

Staff became aware of Incident

On 3/15/02 at approximately 4:08pm, I C/O Dayton was conducting the 4:00pm stand up count. As I finished count cell number's D03-129 through D03-132, As I was en route to count cells D03-133 through D03-140, I observed inmate Davis, M walk around the corner near D03-133. Inmate Davis cause me to have to recount the cells that I already count. Inmate Davis lives in cell D03-130. Inmate Davis was in an unauthorized area and interfered with the taking of count.

12. Signature of Reporting Employee

Date and Time

13. Name and Title (Printed)

March 15, 2002/6:50pm

N. Dayton, S.O.S.

14. Incident Report Delivered To Above Inmate By:

15. Date Delivered

16. Time Delivered

3/16/02

8:25am

17. Comments Of The Inmate To The Undisciplined Committee Regarding The Above Incident

Inmate Davis stated that the incident report is true as written. He said he got carried away and did not hear the officer call count. He was somewhere he was not supposed to be.

18. A. It Is The Finding Of The Committee That You:

B.

The Committee Is Referring The Charge(s) To The DHO For Further Hearing.

☒ Committed The Following Prohibited Act.

☐ Did Not Commit A Prohibited Act

C.

The Committee Advised The Inmate Of The Finding And Of The Right To File An Appeal Within 15 Calendar Days.

19. Committee Decision is Based On The Following Information.

The UDC based their decision on the inmate's admission that the incident report is true and the description of the incident as indicated in Section 11.

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed the prohibited act)

UDC sanctions inmate Davis to 10 hours extra duty and 7 days unit restriction.

21. Date And Time Of Action

3-20-02 2:00 pm

(The UDC Chairman's Signature Next To

His Name Certifies Who Sat On the UDC And That The Completed Report Accurately Reflects The

UDC Proceedings.)

L. Sharpe / L. Sharpe

D. Wilson / D. Wilson

Chairman (Typed Name/Signature)

Member (Typed Name)

Member (Typed Name)

Part III - Investigation

973774

22. Investigation Began:	Date:	03/16/02	Time:	08:25am.
23. Inmate Advised of Right To Remain Silent: You Are Advised Of Your Right To Remain Silent At All Stages Of The Disciplinary Process But Are Informed That Your Silence May Be Used To Draw An Adverse Inference Against You At Any Stage Of The Institutional Disciplinary Process. You Are Also Informed That Your Silence Alone May Not Be Used To Support A Finding That You Have Committed A Prohibited Act.				
The Inmate Was Advised Of The Above Right By		At Date/Time		3-20-02 11:50 pm [Signature]
C. Stegall-Simes [Signature]		03/13/02 - 0825hrs.		
24. Inmate Statement And Attitude				
<p>Inmate Davis #00270-131 was identified, advised of his right to remain silent and provided with a copy of this report. Inmate Davis #00270-131 acknowledged that he understood his right. Inmate Davis was asked if this report was true. Inmate Davis stated, "yes, no comment." End of statement</p> <p>Inmate Davis displayed a fair attitude.</p>				
25. Other Facts About the Incident, Statements of Those Persons Present At Scene, Disposition Of Evidence, Etc.				
Inmate Davis requested no witnesses at this time. All known facts are contained in the body of this report.				
26. Investigator's Comments And Conclusions				
Based upon the inmates admission, and the report as written, the report is considered accurate and charge valid.				
27. Action Taken				
Inmate Davis is to remain in his present status. The report is being referred to the UDC pending further disposition.				
Date And Time Investigation Completed		03/16/02 - 1:05pm.		
Printed Name Of Investigator		C. Stegall-Simes		
Signature [Signature]		Title C. Stegall-Simes, Lieutenant		

Pink Portion of Incident Report to be filled out by the Writer of the Report.
Yellow Portion of Incident Report to be filled out by the Investigating Lieutenant.
Blue Portion of Incident Report to be filled out by the Unit Discipline Committee

Original - Central File Record
Copy - To Inmate After UDC Action
Revision date: 01-04-2001

Copy - To Inmate within 24 hours of Part I Preparation
Copy - DHO/Captain for Records Purposes